

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>New Haven</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>25</u>	Age <u>10</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			Day <u>1</u>
Occupation <u>Wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Mr</u>	Father's Name <u>Henry J Baker</u>	Father's Birthplace <u>Md</u>	Mother's Maiden Name <u>Mary b Lovelace</u>	Mother's Birthplace <u>Md</u>
Name of person giving information <u>Lia Baker</u>	How related to deceased <u>Aunt</u>				
CAUSES OF DEATH					
Primary <u>Cyanosis</u>	How long <u>4 hours</u>				
immediate	How long _____				

(151)

Are the name, age, sex, color, date and place correctly given above?

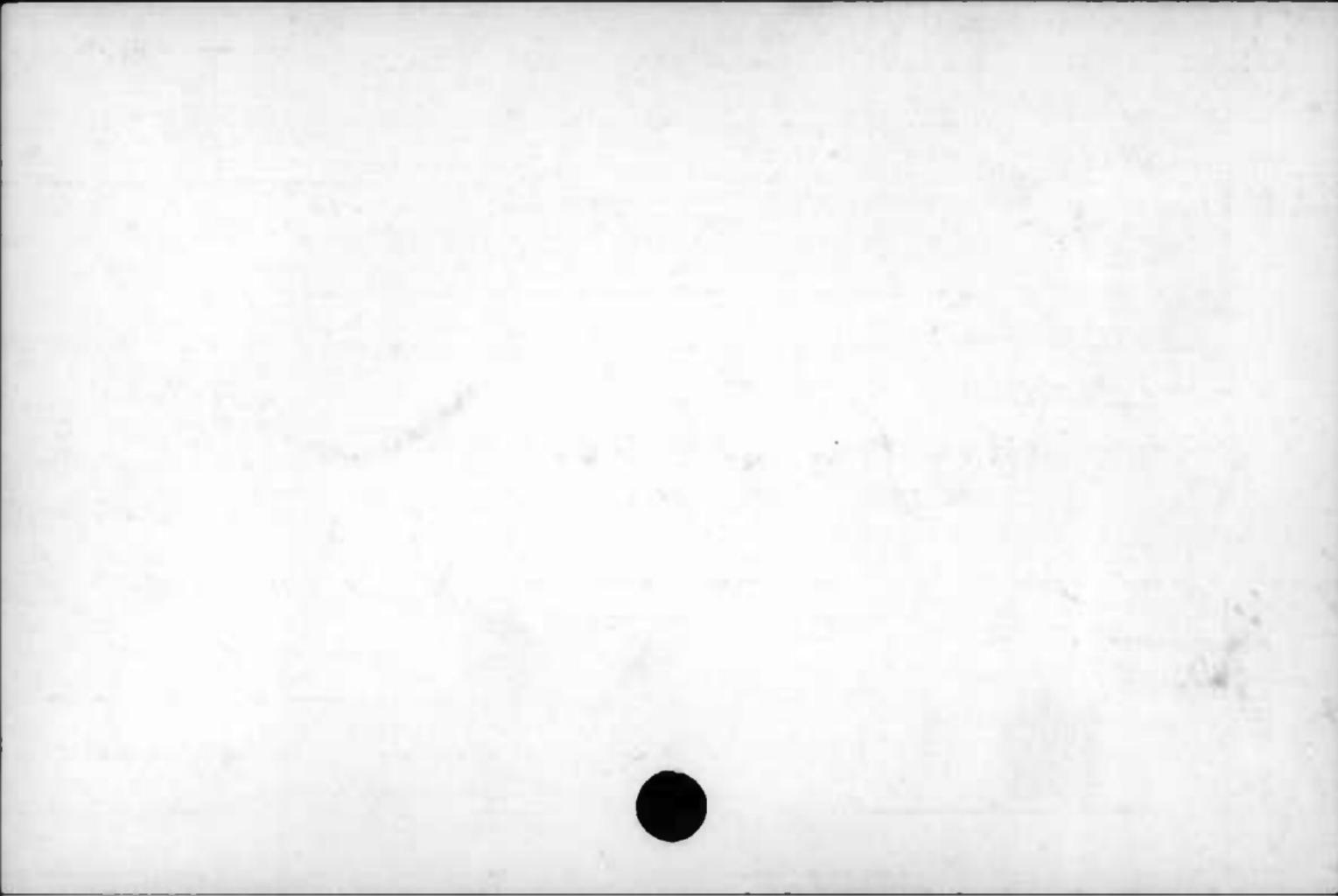
yes

Signature of Physician

Address

W.L. Taylor  
Laurel Md

Accident or Suicide?



Name  
in  
Full

Rayner Corlou Ball

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

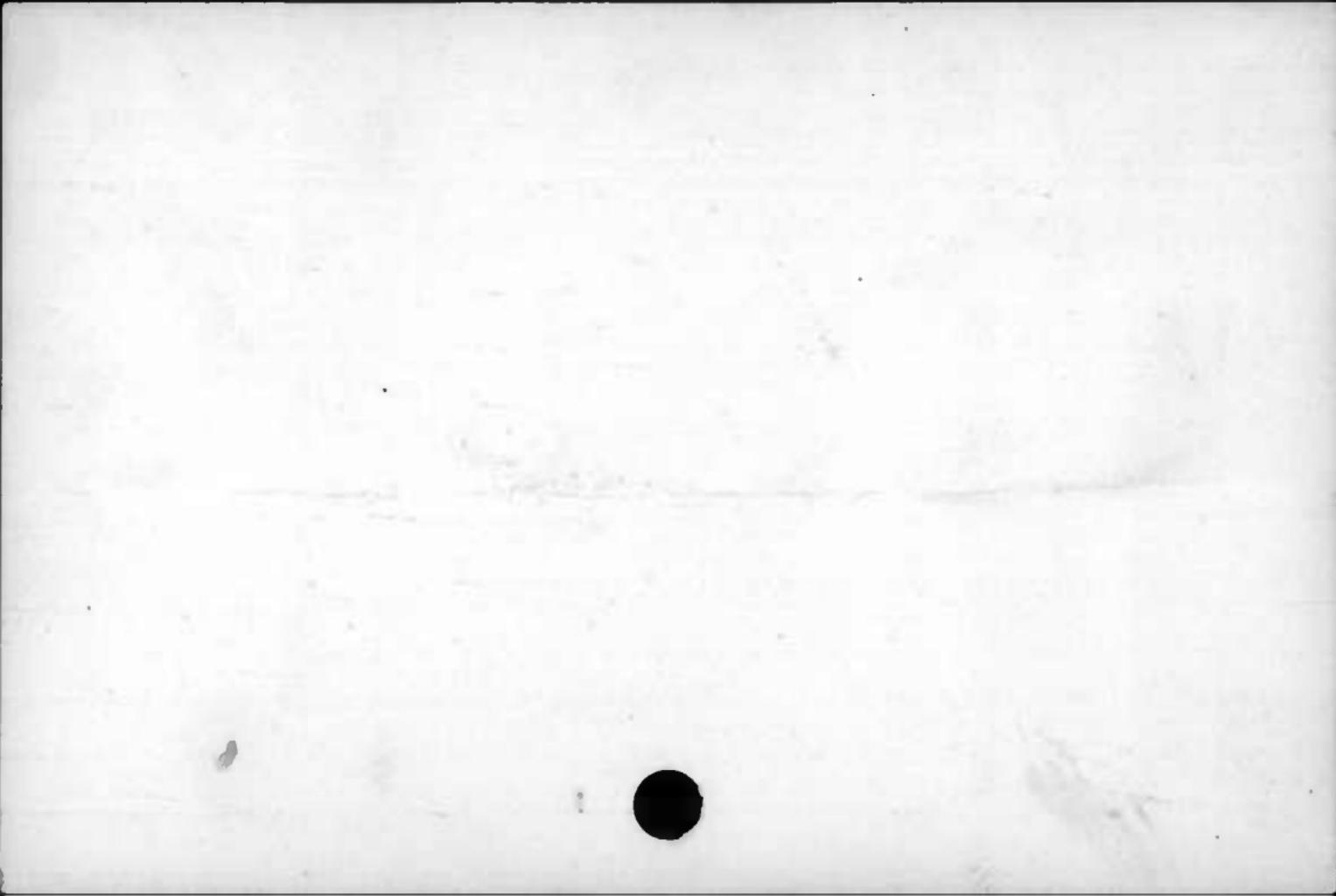
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Sarah Hurdle	George F. Ball	Mid
Name of person giving information	George F. Ball	Mother's Birthplace	Mid
		How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum		
Immediate	Collapse		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John E. Saarburg
		Address	Hornstville Md.
Accident or Suicide?	Neither		



Name  
in  
Full

George Belt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Upper Marlboro		P.G.				
Date of death	1908	Month 7	Day 6	Age	Years —	Months 6	Days —
Sex	Male	Color or Race	Black	Birth-place	P.G. Glebe. Md		
Occupation	( )			Where Residing if not at place of death	( )		
Married, Single or Widowed	( )			Name of Wife or Husband	( )		
Father's Name	Henry Belt			Father's Birthplace	P.G. Glebe Md		
Mother's Maiden Name	Lavinia Ennis			Mother's Birthplace	P.G. Glebe Md		
Name of person giving Information	Henry Belt			How related to deceased	Father		

CAUSES OF DEATH

179

PHYSICIAN OR CORONER	Primary	Don't know		How long	Sick one month
	Immediate	Don't know		How long	days father
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	R. Ennis & Son, Washington Co.	
			Address	Sub Registrar Upper Marlboro, Md.	
Accident or Suicide?					

$t^2$

1

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Andrew Thomas Bladen Jr.

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Branochville	Pr. Geo.					
Date of death	Month	Day	Years	Months	Days	
1908	July	3	—	1	27	
Sex	Male	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Andrew Thomas Bladen			Father's Birthplace	Md	
Mother's Maiden Name	Laura T. Bryant			Mother's Birthplace	Md. D.C.	
Name of person giving information	A. T. Bladen			How related to deceased	Father	

CAUSES OF DEATH

105

How long

2 weeks

How long

Primary

Cholera Infantum

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

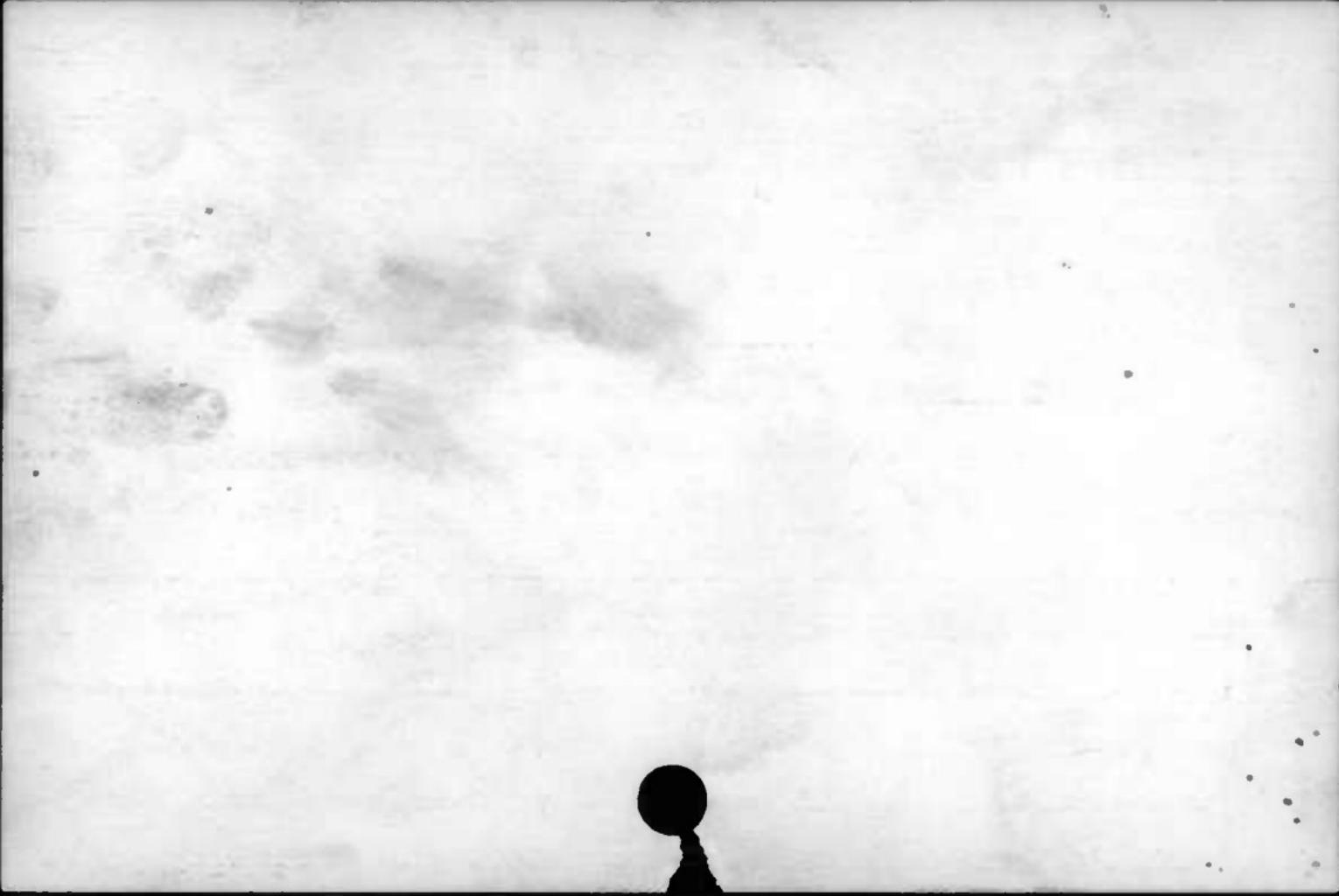
Signature of Physician

Address

A. J. Etienne

Pescocia Md.

Accident or Suicide?



Name  
in  
Full

Elsie May Bryant-

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	Md.
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband	Father's Name	Father's Birthplace	Md.
Mother's Maiden Name	Ida B. Laddem	James H. Bryant	Mother's Birthplace	Md.	Md.
Name of person giving Information	Ida B. Bryant	How related to deceased	mother		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary: cholera infantum  
Immediate: asphyxia

How long

24 hrs

How long

1 hour

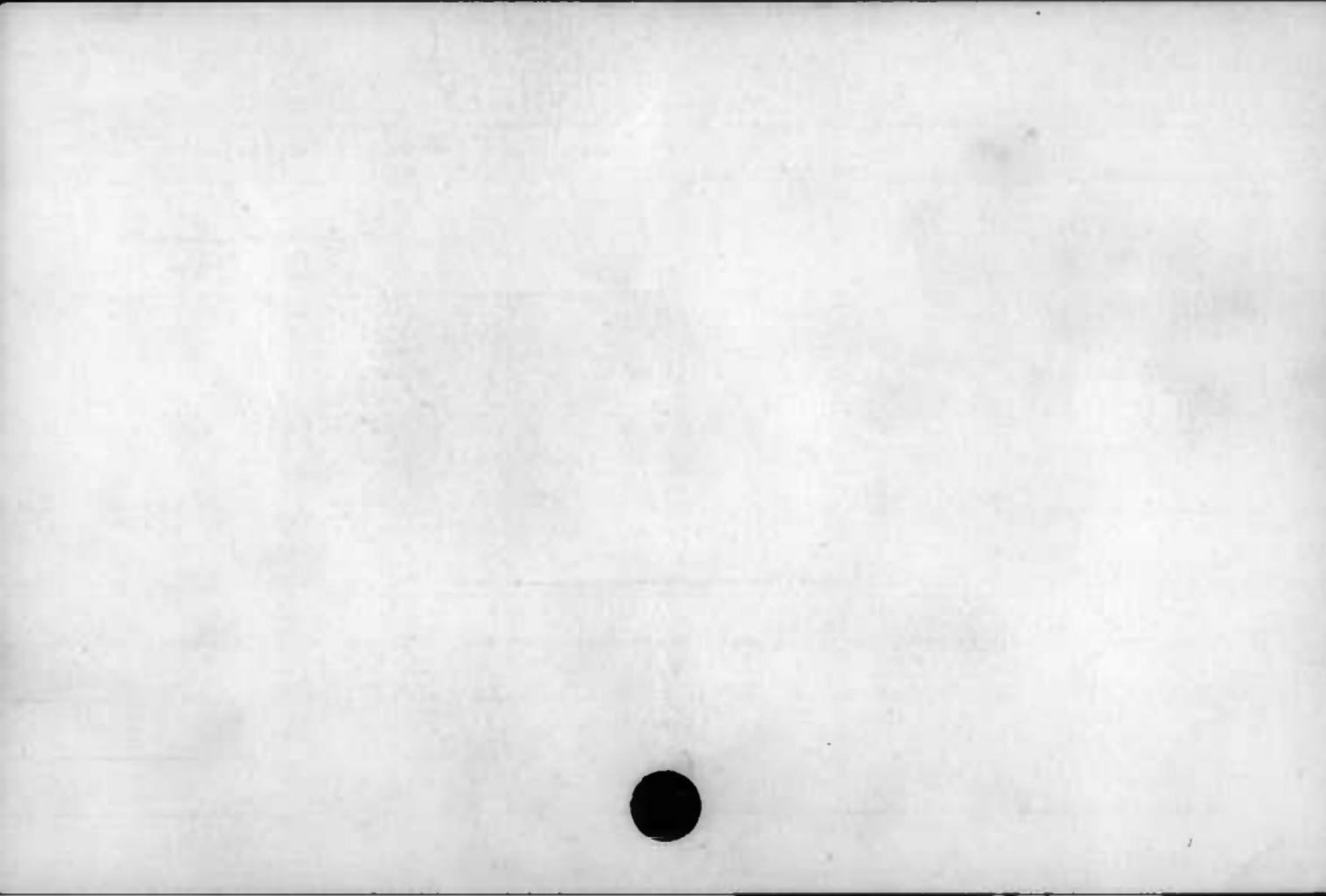
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J M Brady  
Pendleton, Md.

Accident or Suicide?



Name  
in  
Full

Mary F. Buelter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Westphalia	B. Geo -		Months	Days	
Date of death 1908	Month July	Day 11 =	Years 21	-	-
Sex Female	Color or Race Black	Birth-place B. Geo Co. Md			
Occupation none	Where Residing if not at place of death —				
Married, Single or Widowed Married	Name of Wife or Husband Louie Buelter	Father's Name Harry Spriggs	Father's Birthplace B. Geo Md		
Mother's Maiden Name Buelter		Mother's Birthplace " "			
Name of person giving information Gabriel Diggs		How related deceased	none		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

1 yr

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Lo Griffith

Upper Marlboro  
Md

Accident or Suicide?



Name  
in  
Full

Ida Chidley Chisley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Aquasco	Prince George			
Date of death	Month	Day	Years	Months	Days
1908	July	29	Age 30		
Sex	Female	Color or Race	Mulatto	Birth-place	Maryland
Occupation	Housewife	Where Residing if not at place of death	At home		
Married, Single or Widowed	Name of Wife or Husband	Hilton Chisley			
Father's Name	Robert Douglass	Father's Birthplace	Maryland		
Mother's Maiden Name	Mollie Reeder	Mother's Birthplace	Maryland		
Name of person giving information	Hilton Chisley	How related to deceased	Husband		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Consumption  
apnoea & asthenia

How long

one year

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

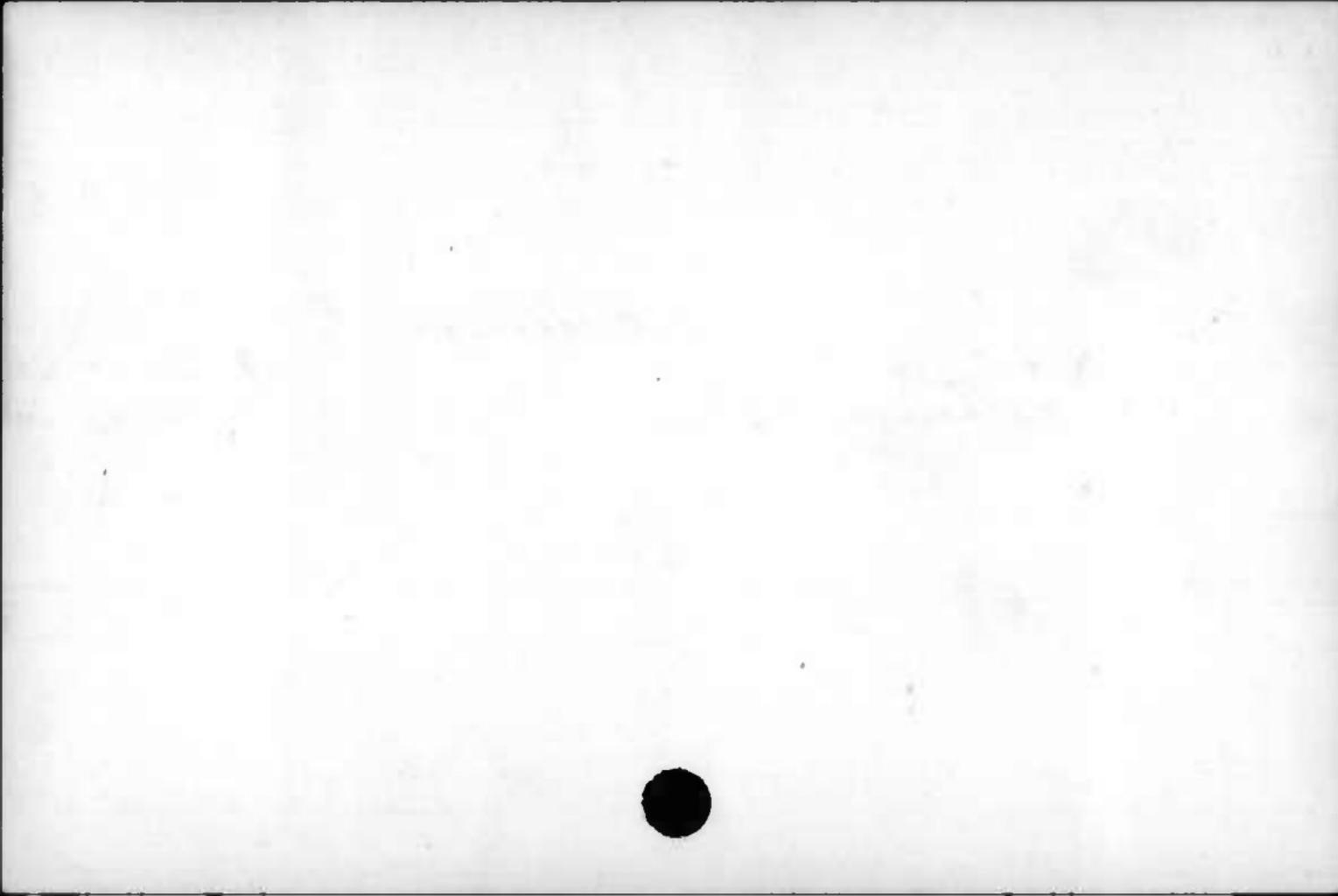
Signature of Physician

J. A. Marbury

Address

Aquasco  
Maryland

Accident or Suicide?



Name  
in  
Full

Richard A. Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cheltenham			Town Dr. H. W. County		MARYLAND	
Date of death	Month	Day	† Years	Age	Months	Days
Sex	Male	Color or Race	White		Birth-place	Md
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Catherine Curtis		Father's Birthplace	Dr. G. C. Smith
Father's Name	R. B. Curtis				Mother's Birthplace	Dr. G. C. Smith
Mother's Maiden Name	Catherine Selby				How related to deceased	Son
Name of person giving information	Dr. A. Curtis					

CAUSES OF DEATH

79

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Mitral Stenosis

Are the name, age, sex, color, date and place correctly given above?

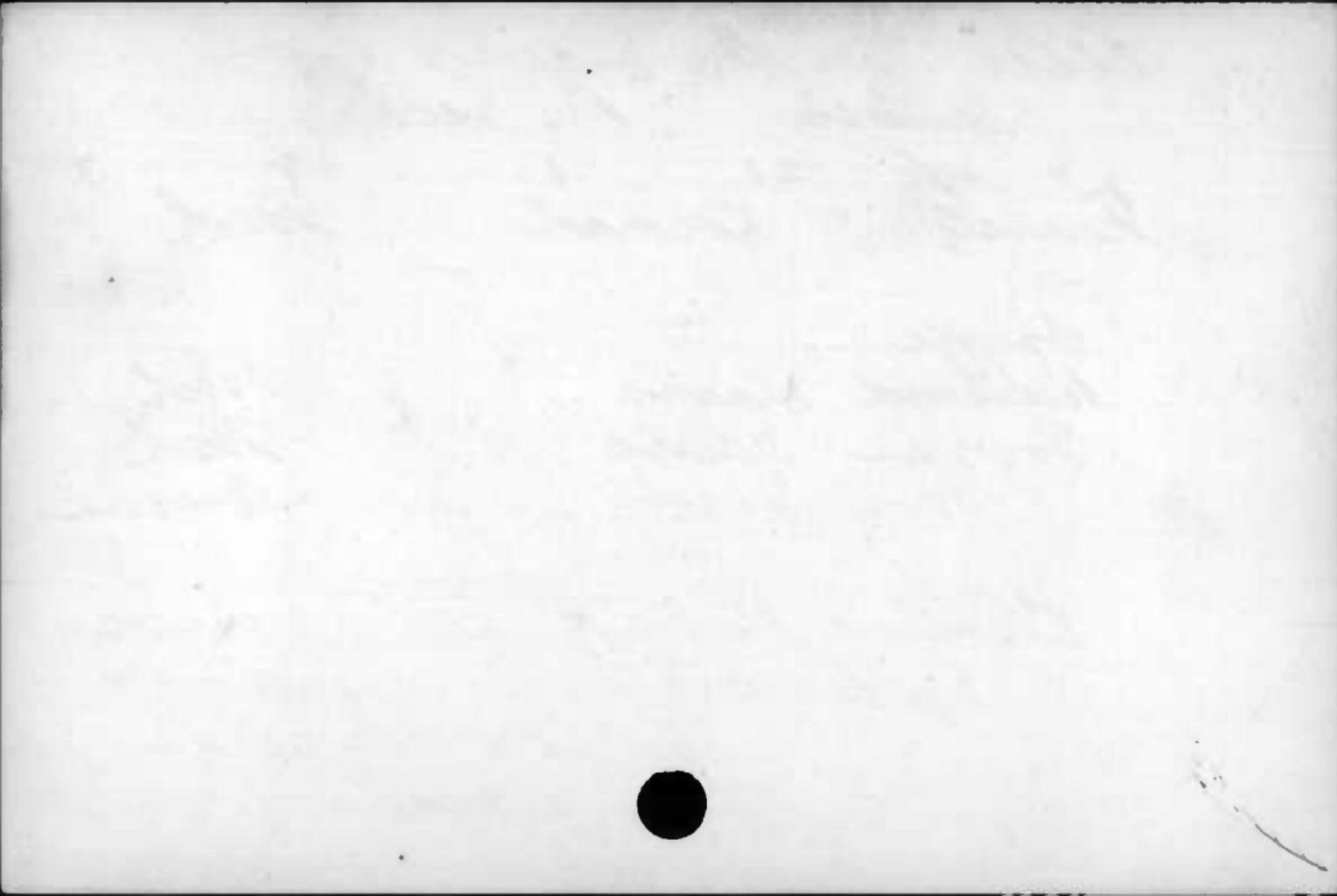
yes

Signature of Physician

Address

John A. Cor  
J.B. Md

Accident or Suicide?



Name  
In  
Full.

To BE ANSWERED BY  
NEAREST FRIEND

Elli Bertha Davis  
Town Aquasco  
County Prince George's

CERTIFICATE OF DEATH

MARYLAND

Died at Aquasco Date of death 1908 Month July Day 21 Age 1 Months 8 Days 3

Sex Female

Color or Race Colored

Birth-place Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Richard Davis

Father's Birthplace

Md

Mother's  
Maiden Name

Gizzi Davis

Mother's Birthplace

Md

Name of person giving  
Information

Henry Davis

How related  
to deceased

Cousin

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

3 mos

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

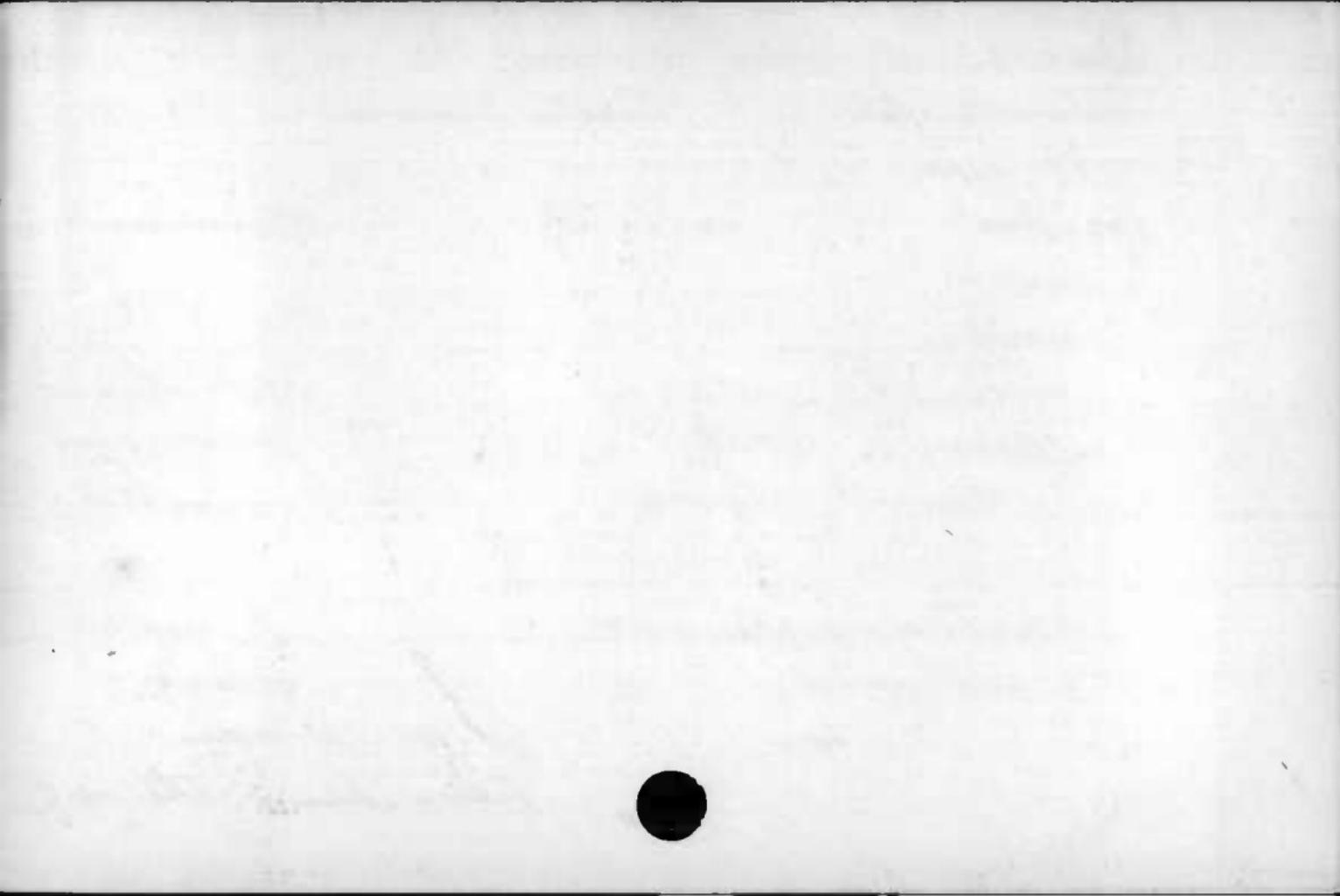
Address

No Physician  
called in.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Mr Brown Aquasco



James Ernest Davis

## CERTIFICATE OF DEATH

Died at Cedar Heights

Town

County

MARYLAND

Date of death 1908

Month

Day

Years

Months

Days

July

18

—

3

—

Sex male

Color or Race white

Birth-place Maryland

Occupation none

Where Residing if not  
at place of deathMarried, Single  
or Widowed singleName of Wife or  
Husband

Father's Name James E. Plans

Father's Birthplace Maryland

Mother's Maiden Name Mary E. Hall

Mother's Birthplace Maryland

Name of person giving  
Information Mary E. PlansHow related  
to deceased mother

## CAUSES OF DEATH

Primary gastro-enteritis

105

How long

1 mo -

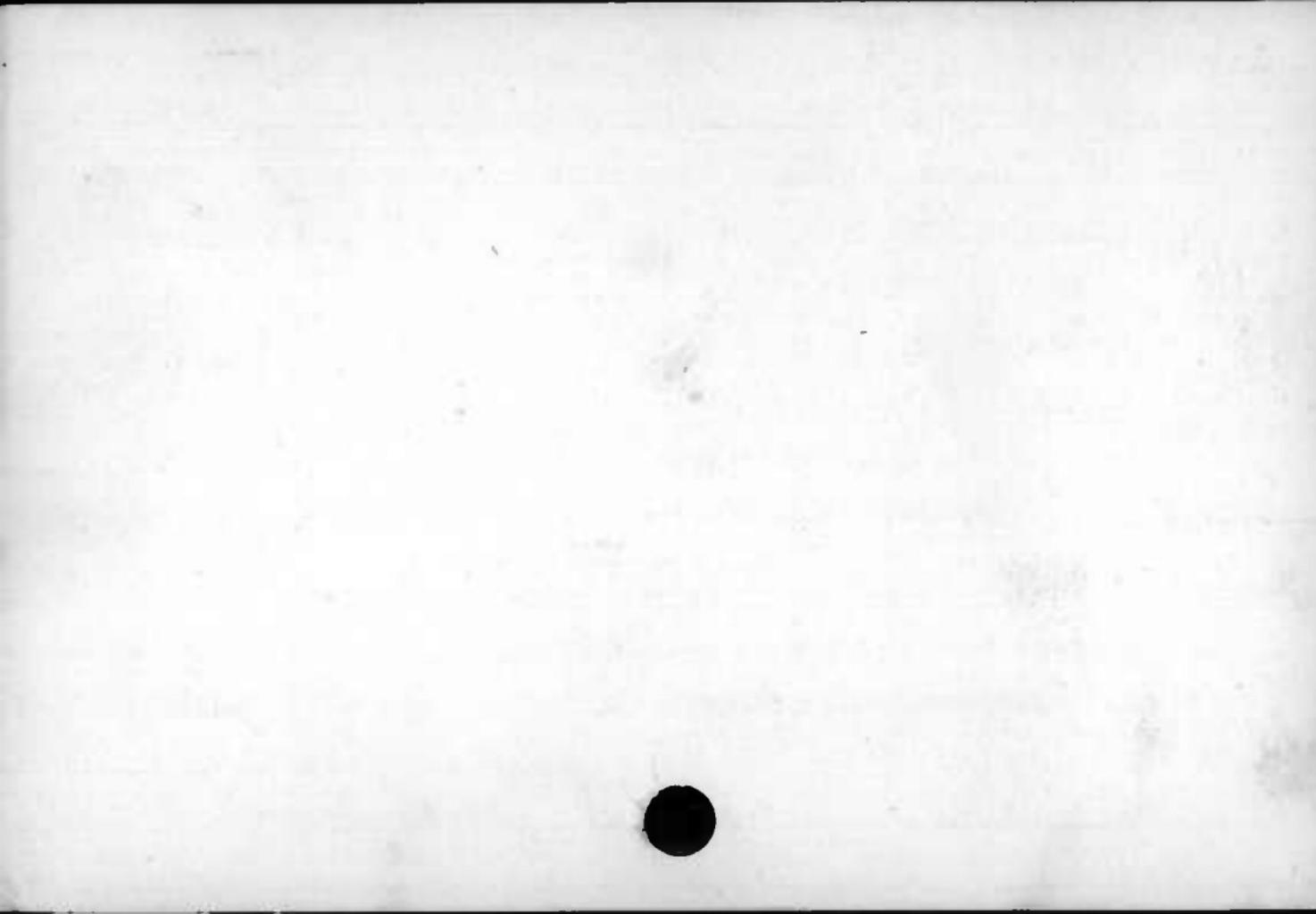
Immediate asthma

6 hrs -

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianJ M Brady,  
Penikeworth, Md.

Accident or Suicide?

Address



Name  
in  
Full

Louis Thomas Deatines

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	24	"	3
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thos. Albert Deatines				
Mother's Maiden Name	Mary Elizabeth Keifer				
Name of person giving information	Thos. A. Deatines				
CAUSES OF DEATH					
Primary	Typhoid fever				
Immediate	Pneumonia				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long		
Yes			20 days		
Address		3 days			
Dr. J. T. Latimer MD Hyattsville					
Accident or Suicide?		Neither			

PHYSICIAN  
OR CORONER

9



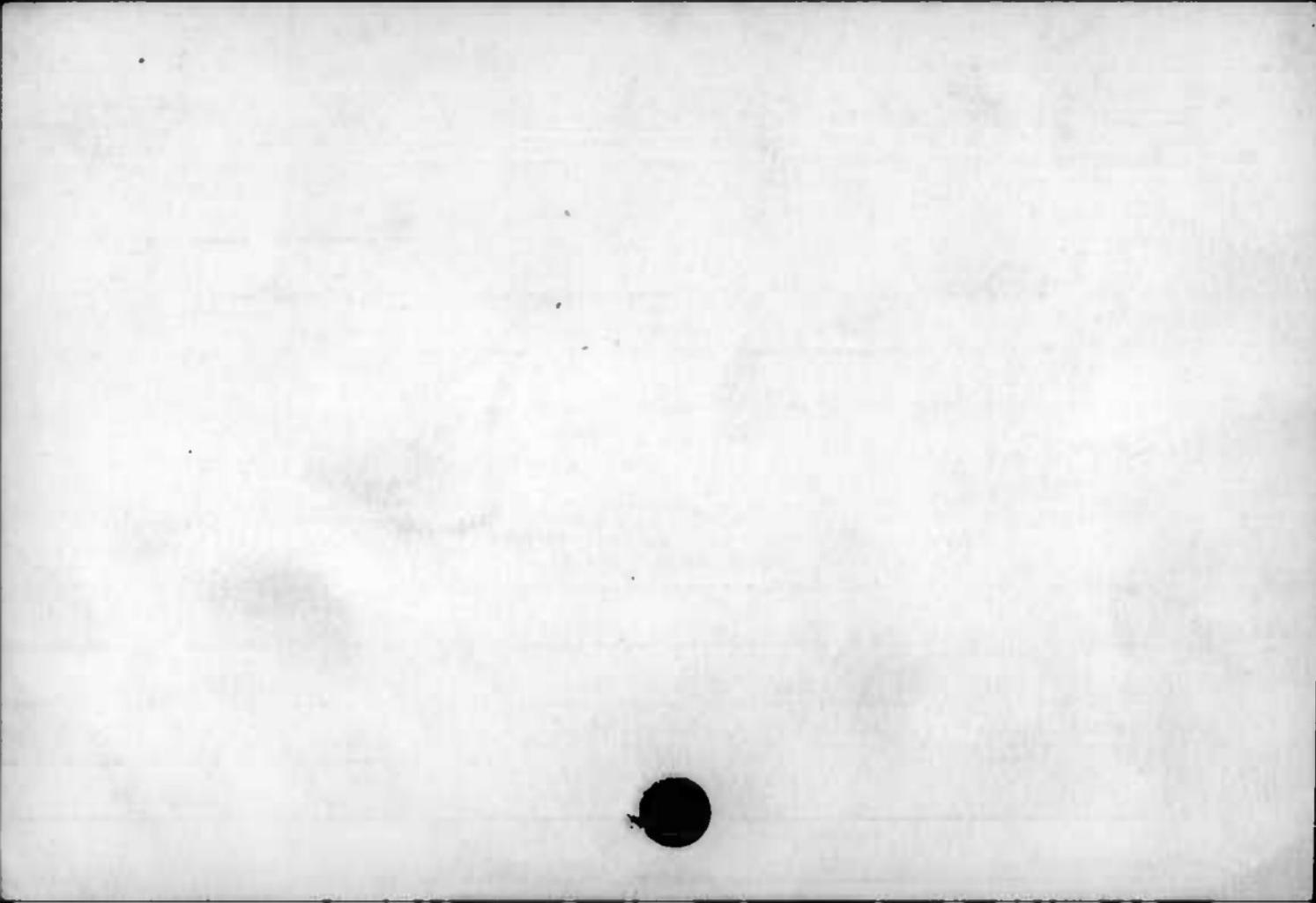
Ester Dove

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	July	7	—	4	—	
Sex	female	Color or Race	white	Birth-place	Maryland	
Occupation	none	Where Residing if not at place of death			Capitol Heights Md	
Married, Single or Widowed	single	Name of Wife or Husband	—	Father's Birthplace	Md	
Father's Name	George E. Dove	Mother's Maiden Name	Mary Edelen	Mother's Birthplace	Md-	
Name of person giving Information	G. E. Dove	How related to deceased	father			
CAUSES OF DEATH						
Primary	gastro-enteritis					
Immediate	asthenia					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
yes			J. M. Brady			
			Kensilwood, Md.			

105

Accident or Suicide?

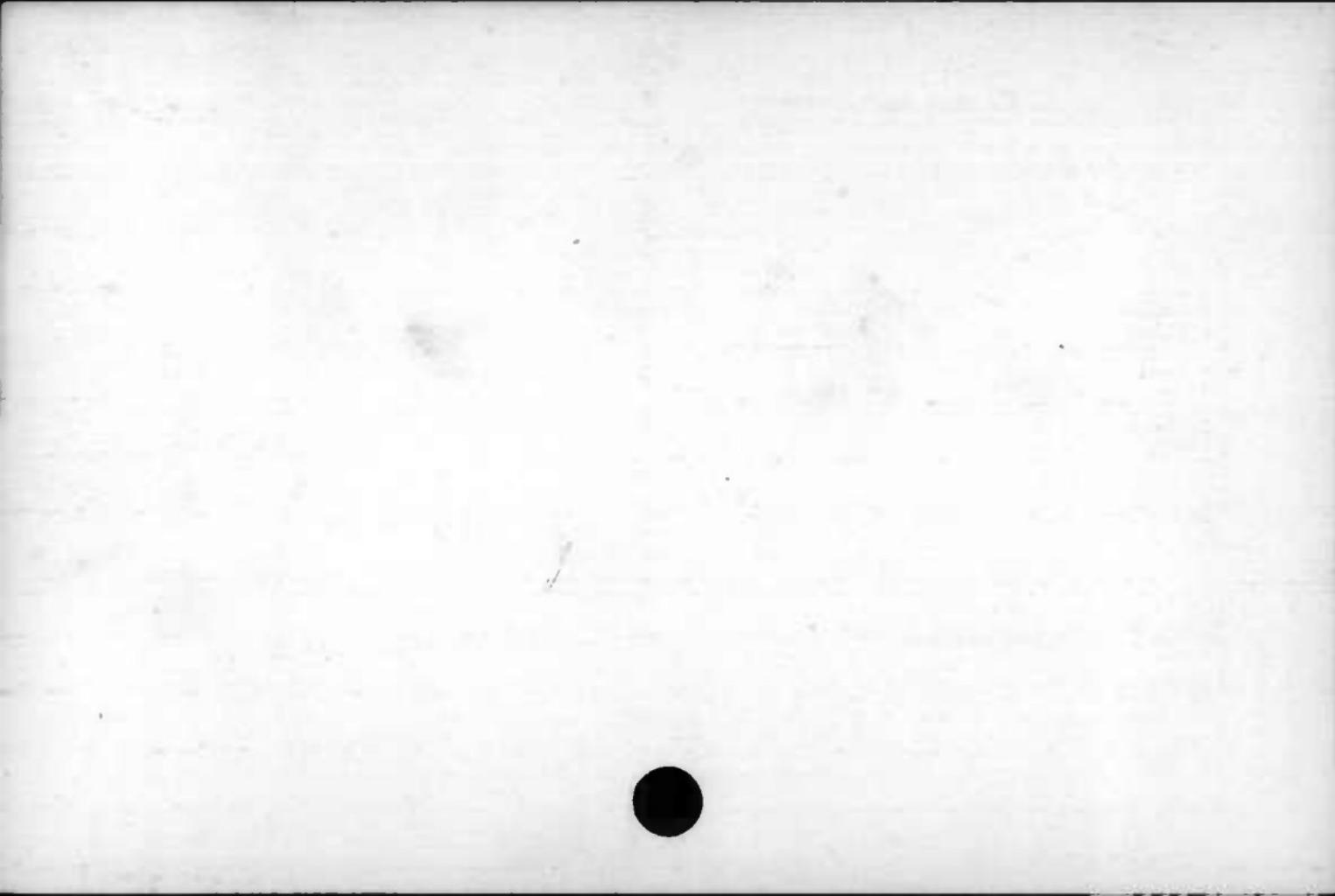


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Stephen Thomas Dyson					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1908	July	14	2	2		
Sex	Male	Color or Race	Black	Birth-place	- Md	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	E G Dyson	Father's Birthplace			Md	
Mother's Maiden Name	Clara White	Mother's Birthplace			Md	
Name of person giving information	E G. Dyson.	How related to deceased			Father	
CAUSES OF DEATH						
Primary	71			How long		
Immediate	Concussion's			2 hours		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. E. Padgett, M. D.			
Accident or Suicide?	Neither	Address	Sub. Register Upper Marlboro			
no physician in attendance						



Name  
in  
Full

Henry Theodore Valley Edmonds

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	J.B.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Samuel Edmonds ✓					Father's Birthplace do not know
Mother's Maiden Name	Inzie Valley					Mother's Birthplace 10 years back
Name of person giving information	Harry Valley					How related to deceased none

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute New-Gonitis

Immediate Holthemia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Harry Valley M.D.  
Dr. Rainier H.C.

Address

Accident or Suicide?

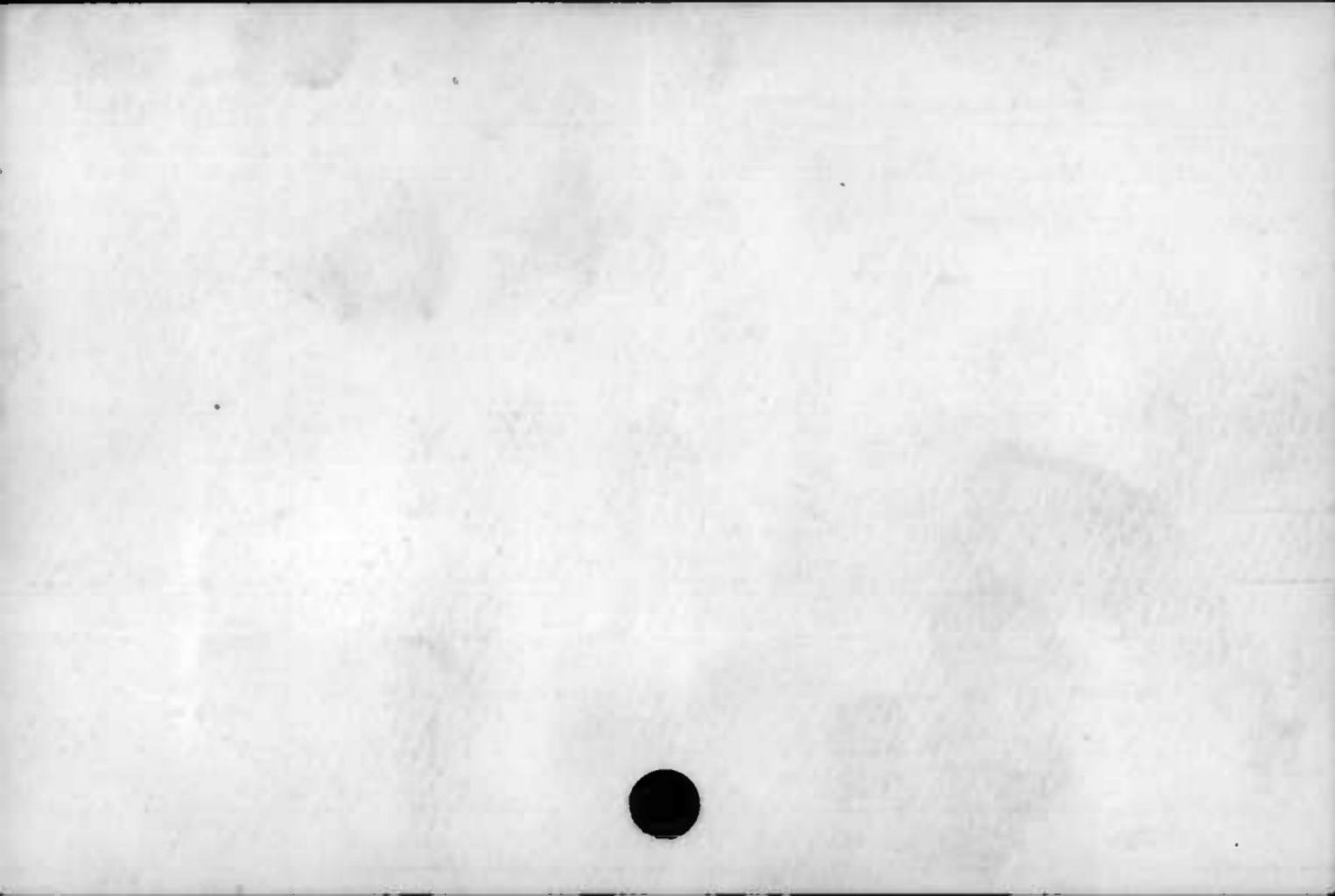
105

How long

3 weeks

How long

2 x hrs



Name  
in  
Full

Seth Allen Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

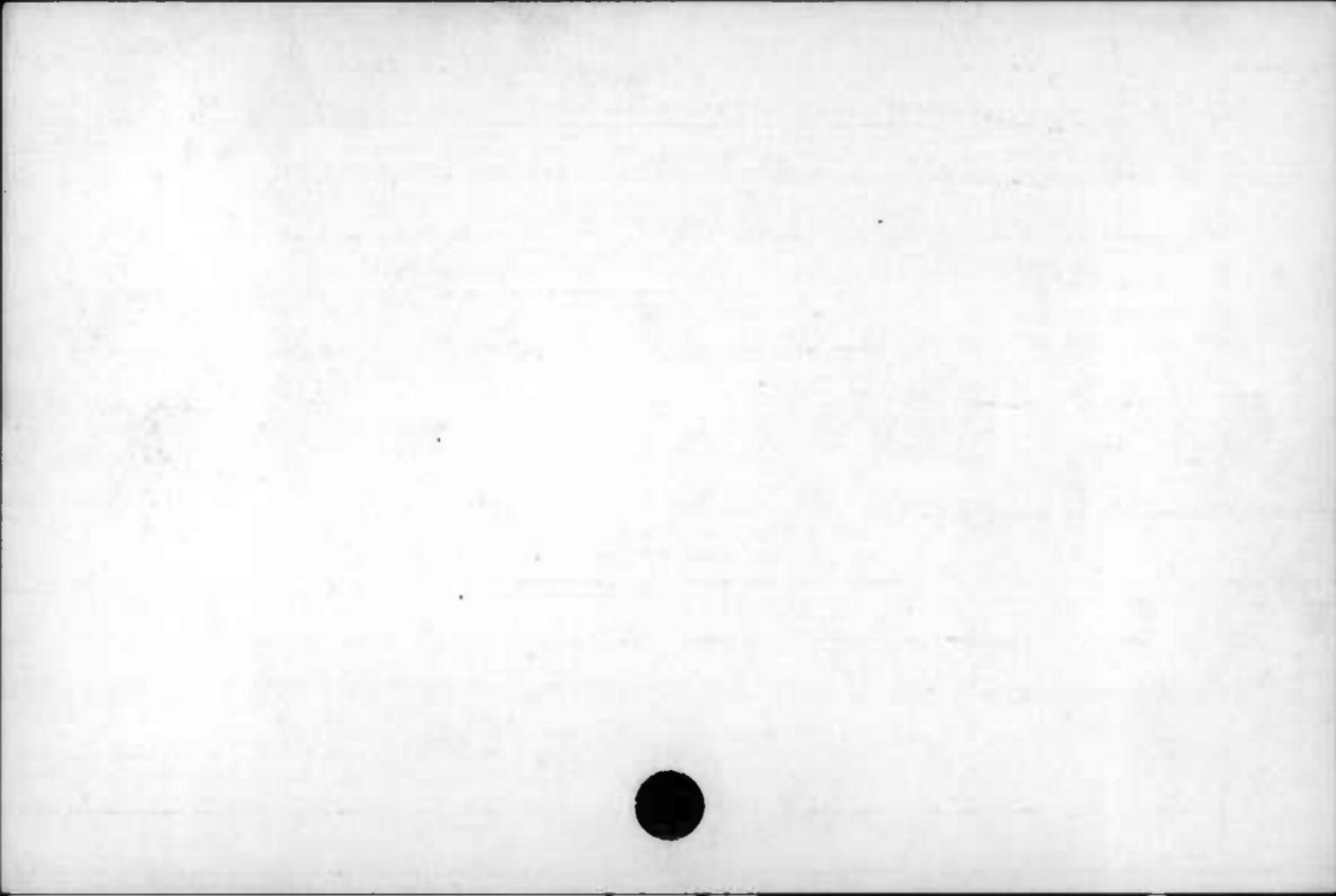
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
CAUSES OF DEATH					
Primary	Choleo Infactum				
immediate	Same				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
yes			Address		
Accident or Suicide?			John F. Keenan M.D. Brentwood Md.		

105

How long

24 hrs.

How long



Name  
in  
Full

Eleanora Freeland

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Upper Marlboro		County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female		Color or Race	Black		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	George Freeland		Father's Birthplace	Washington D.C.		
Mother's Maiden Name	Eleanor Jackson		Mother's Birthplace	O.G. Co 8nd		
Name of person giving information	George Freeland		How related to deceased	Father		

CAUSES OF DEATH

105°

PHYSICIAN  
OR CORONER

Primary

Cholera Infection

How long

10 dys

Immediate

Are the name, age, sex, color, date and place correctly given above?

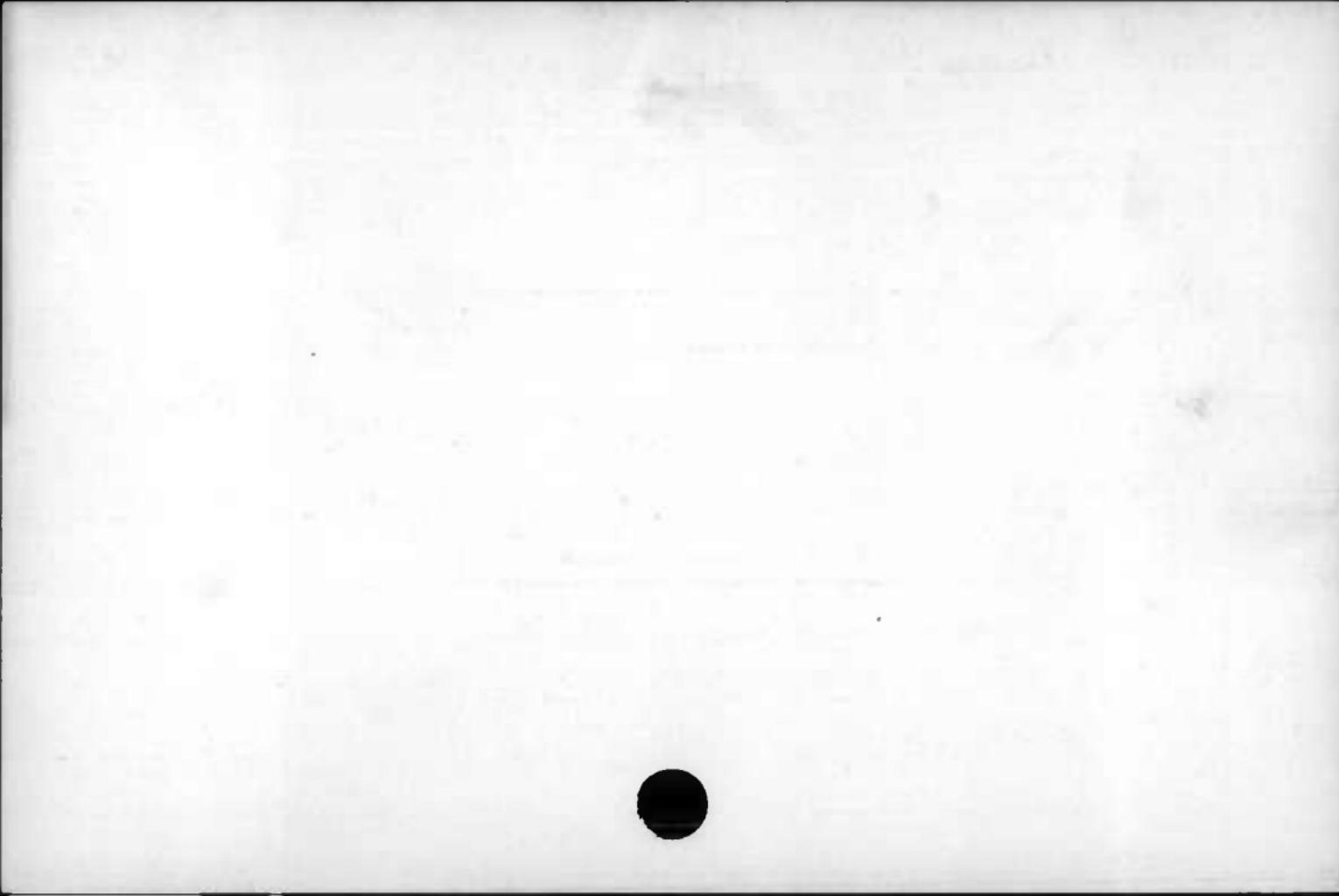
yes.

Signature of Physician

Address

Revived Passes  
Upper Marlboro  
190

Accident or Suicide?



Name  
in  
Full

Gustavus Grinnell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	State		
The Sanitarium		Saint Paul	Co.	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	7	31	61	-	-
Sex	Male	Color or Race	white	Birth-place	Washington D.C.
Occupation	Diplomatic Service		Where Residing if not at place of death	Washington D.C.	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long

20 months

Immediate

Valvular disease of heart

How long

Unknown

Are the name, age, sex, color, date and place correctly given above?

Yes -

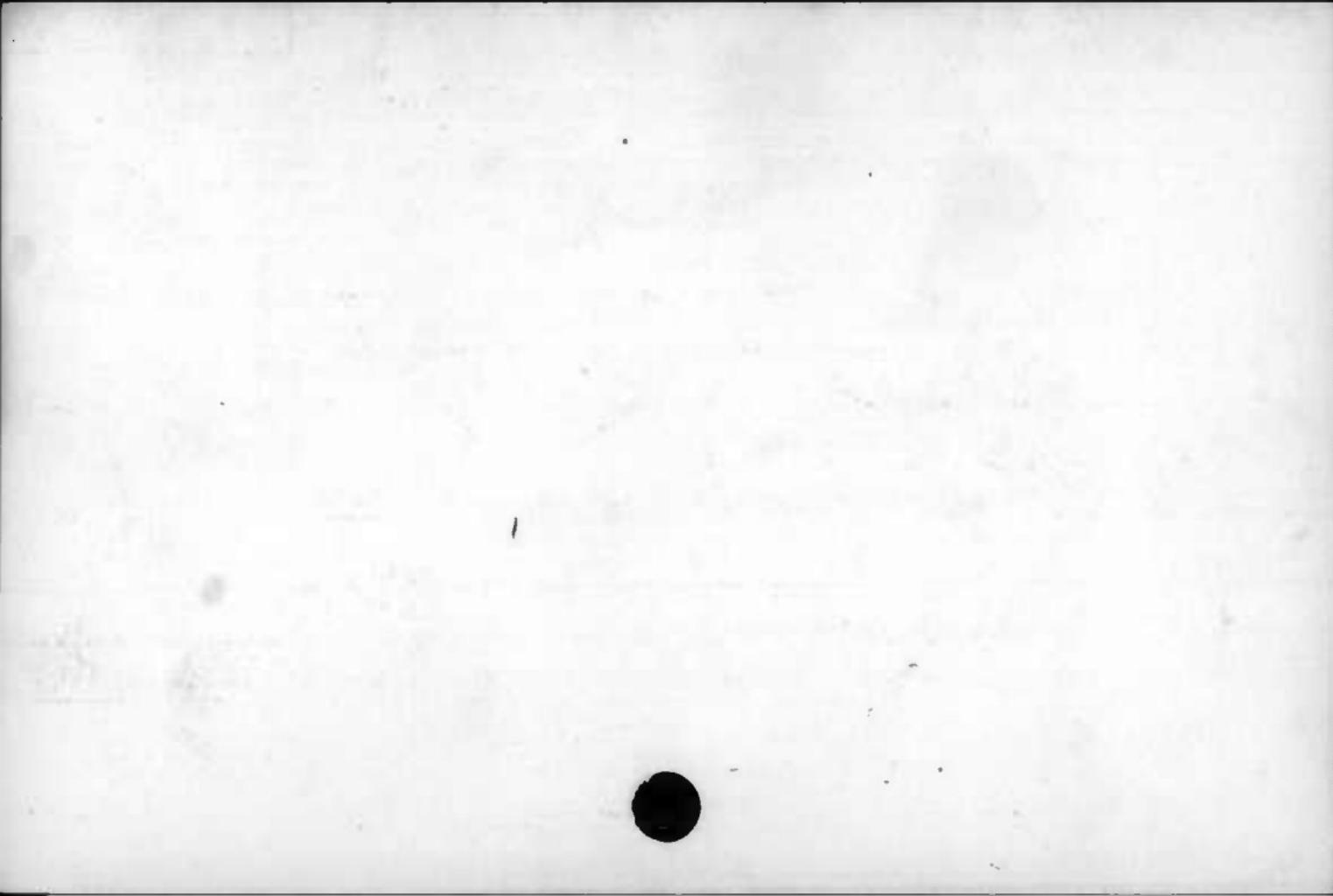
Signature of Physician

Address

Jesse C. Coggin  
Samuel M.D.

Accident or Suicide?

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas A. Greenhalgh				
Mother's Maiden Name	Stelle Slaten				
Name of person giving information	Thomas Greenhalgh Father				
CAUSES OF DEATH					
Primary	Marsnus				
Immediate	Cardiac asthenia				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
yes			Address		
Accident or Suicide?			151		

~~2 Hacks~~

~~3 o'clock~~

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Died at	Twp.	County		MARYLAND	
Date of death 1908	Month July	Day 2	Years —	Months —	Days —
Sex Male	Color or Race White	Birth-place Cedarville Ind			
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name James A. Greer	Father's Birthplace Md				
Mother's Maiden Name Vivetta Witzel	Mother's Birthplace Mo.				
Name of person giving Information James A. Greer	How related to deceased Father				
CAUSES OF DEATH					
Primary Stillborn child	S How long				
Immediate Unknown	How long				

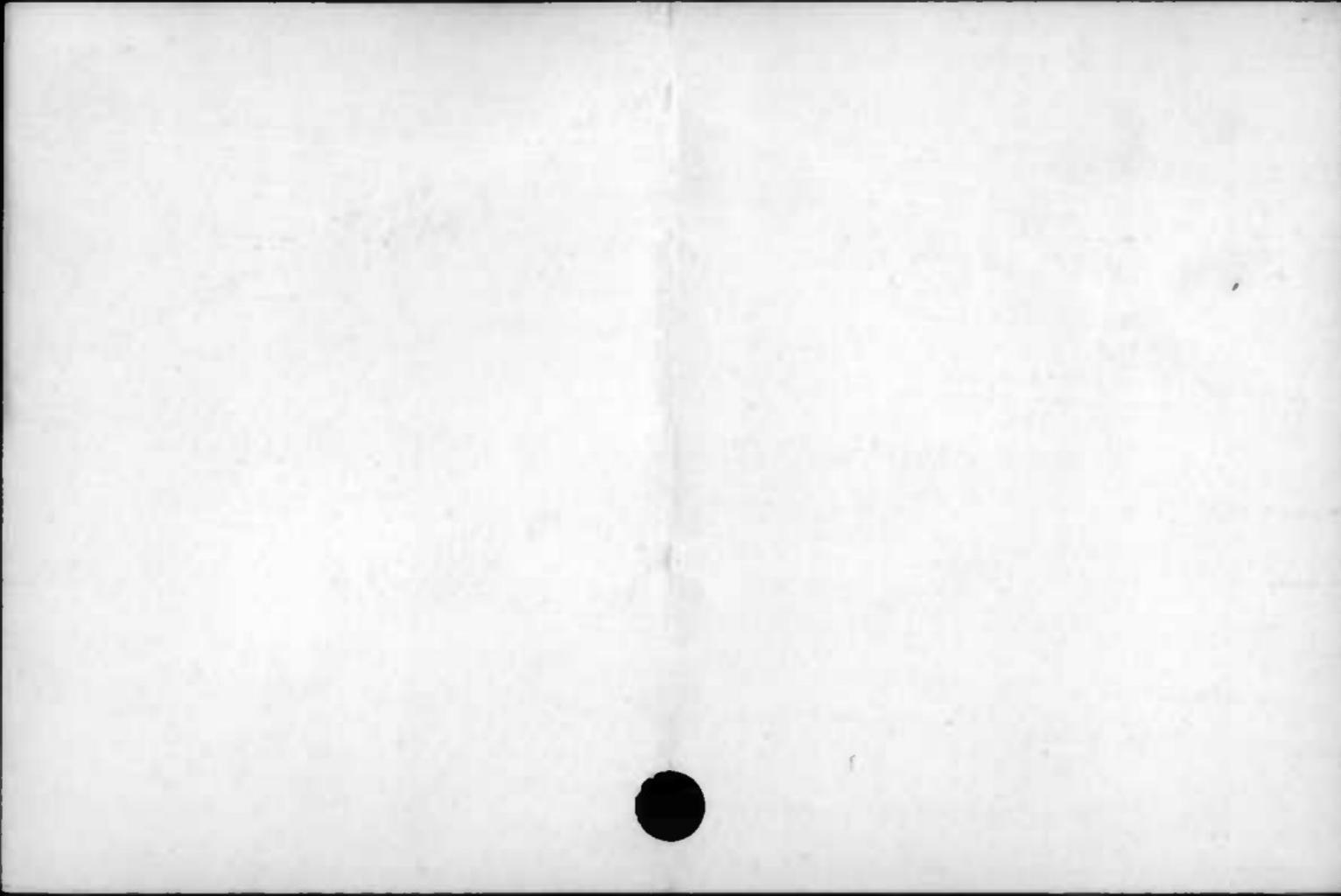
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Alexander Grimes					CERTIFICATE OF DEATH		
Died at	Town				County	MARYLAND	
Date of death	1908	Month July	Day 3	Years 69	Months	Days	
Sex	Male	Color or Race	White		Birth-place	Md	
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	Margaret Grimes deceased				
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	Charles Grimes			How related to deceased	Son		

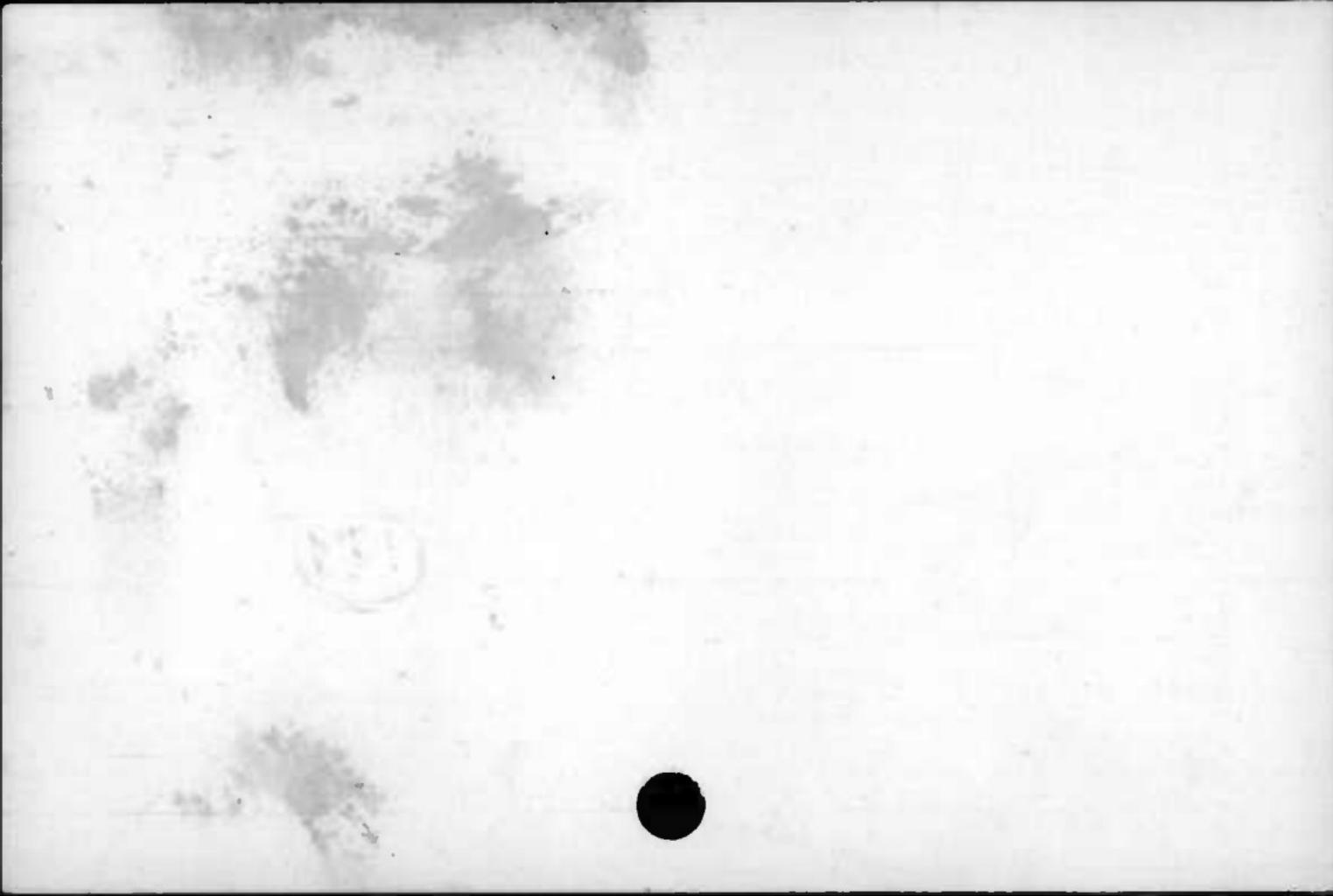
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Debility	
Immediate	asthma	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		
Address		
Accident or Suicide?		
Necropsy		

179

1 yr  
days  
West Baltimore  
Forestville  
Md



Name  
in  
Full

Maryella Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	July	24	Age 1	6	
Sex	Color or Race	Birth-place			
Female	Black	Ma			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Gross	Father's Birthplace	Va		
Mother's Maiden Name	Amy Blackman	Mother's Birthplace	Ma		
Name of person giving Information	amy Blackman	How related to deceased	mother		

CAUSES OF DEATH

105

How long

3 weeks

How long

PHYSICIAN  
OR CORONER

Primary

Chilera Infantum

Immediate

I never saw it

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

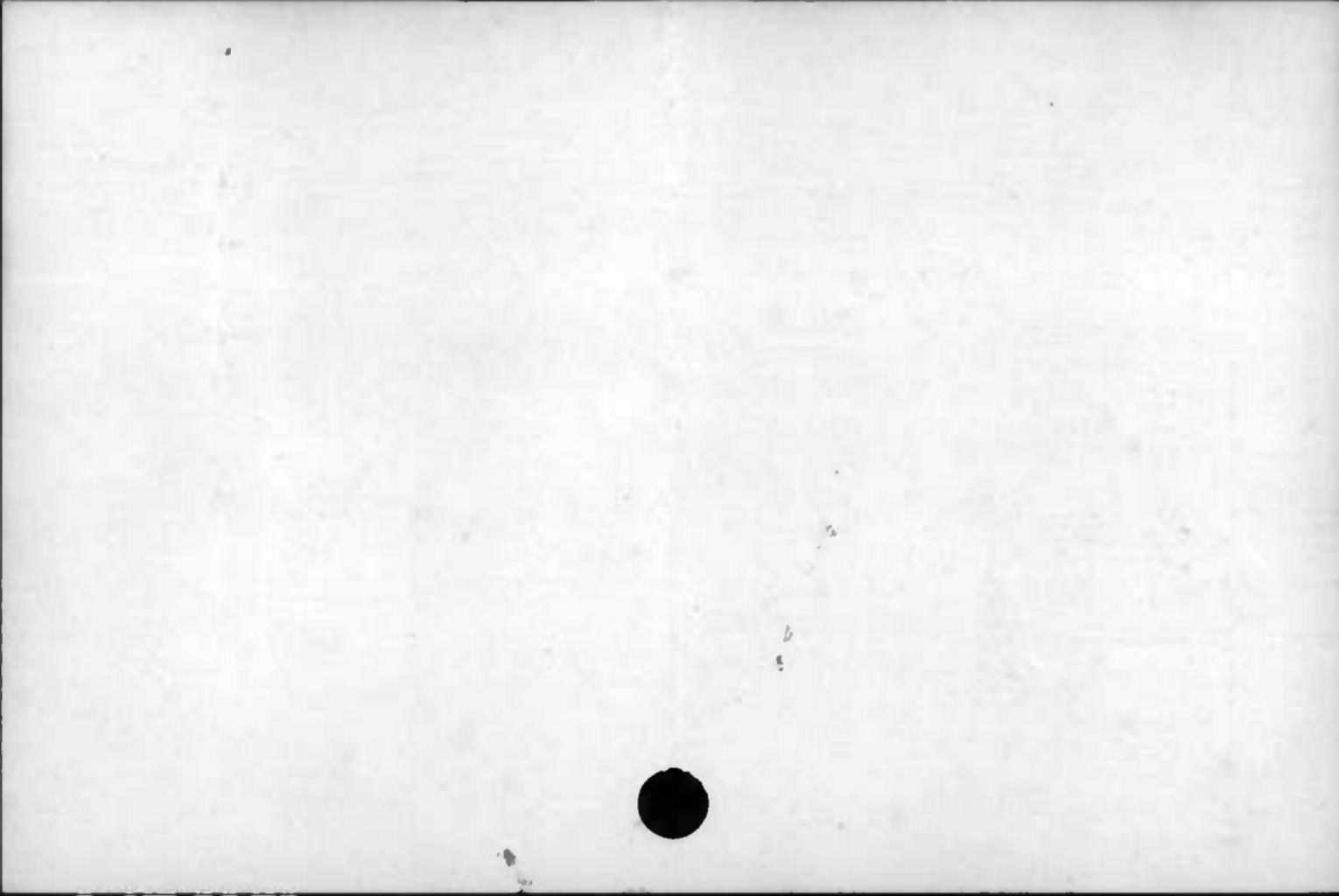
Address

6. A. Six

Baltimore Md

I suppose so

Accident or Suicide?



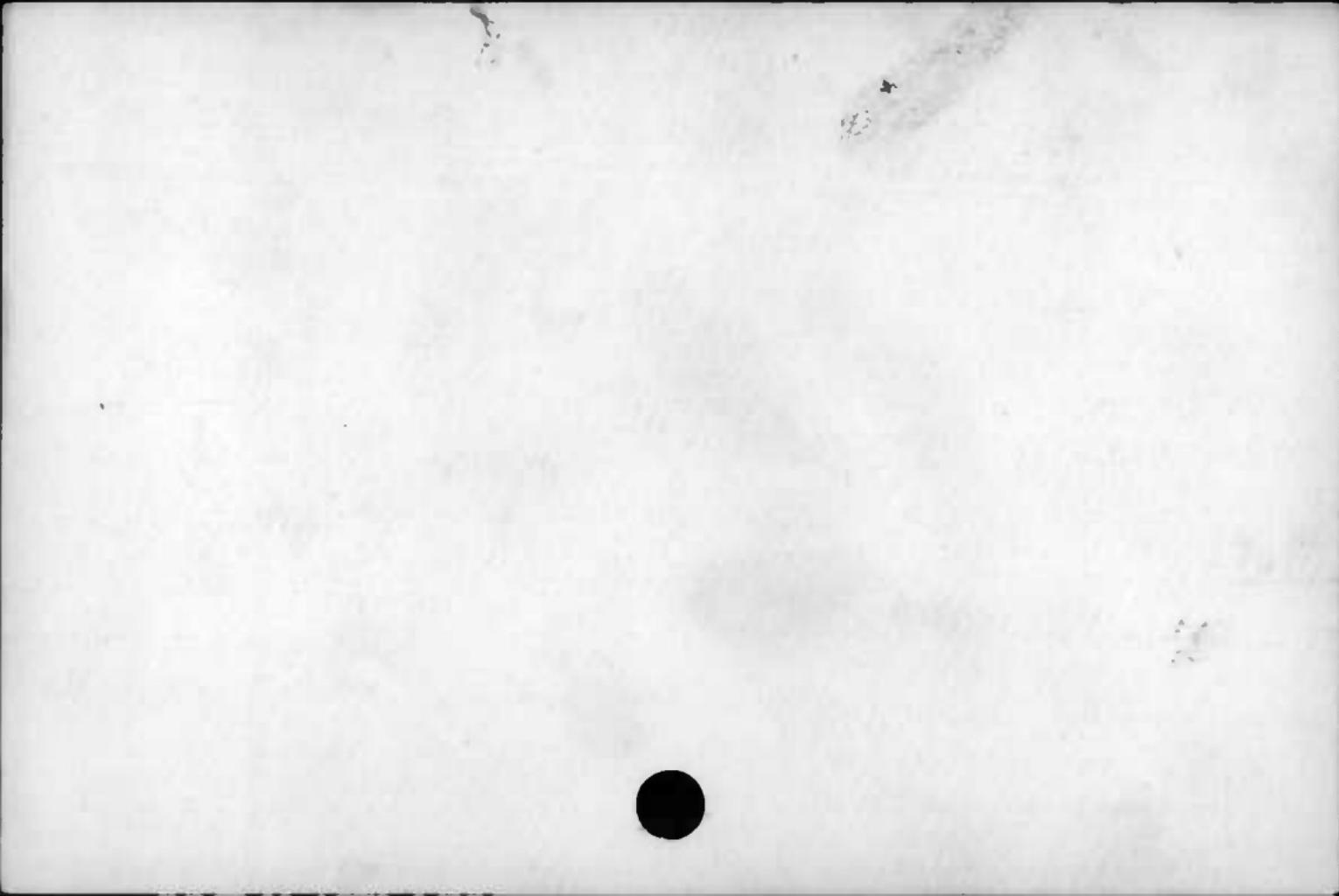
Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Richard Hardisty Jr.				Prince George County MARYLAND				
Died at	Calumpton	Town	County					
Date of death	1908	Month July	Day 21	Age	Years 78	Months	Days	
Sex	Male	Color or Race	White	Birth place	Columbus Md.			
Occupation	Garrison							
Married, Single or Widowed	MARRIED	Name of Wife or Husband	Marguerite E. Hardisty					
Father's Name	Richard Hardisty							
Mother's Maiden Name	Margie May Jeff							
Name of person giving information	Richard Hardisty Jr.							
CAUSES OF DEATH								
Primary	Acyte Leantritis							
Immediate	Cardiac Arrestia							
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Address		
No				J. D. Small M.D.		Springfield Md.		
(106)								
How long two days								
How long —								



Name  
in  
Full

Joseph A. Harley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Oxon Hill	Prince George's	Months	Days	
Date of death	Month	Day	Years		
1908	7	5	Age	1	15
Sex	Male	Color or Race	Where Residing if not at place of death	Birth- place	Md
Occupation					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Joseph P. Harley			Father's Birthplace	Md.
Mother's Maiden Name	Mary A. Thompson			Mother's Birthplace	Md
Name of person giving Information	Joseph. Harley			How related to deceased	Father
CAUSES OF DEATH					
Primary	Gastric Scleritis			How long	105
Immediate	Exhaustion			How long	2 weeks

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

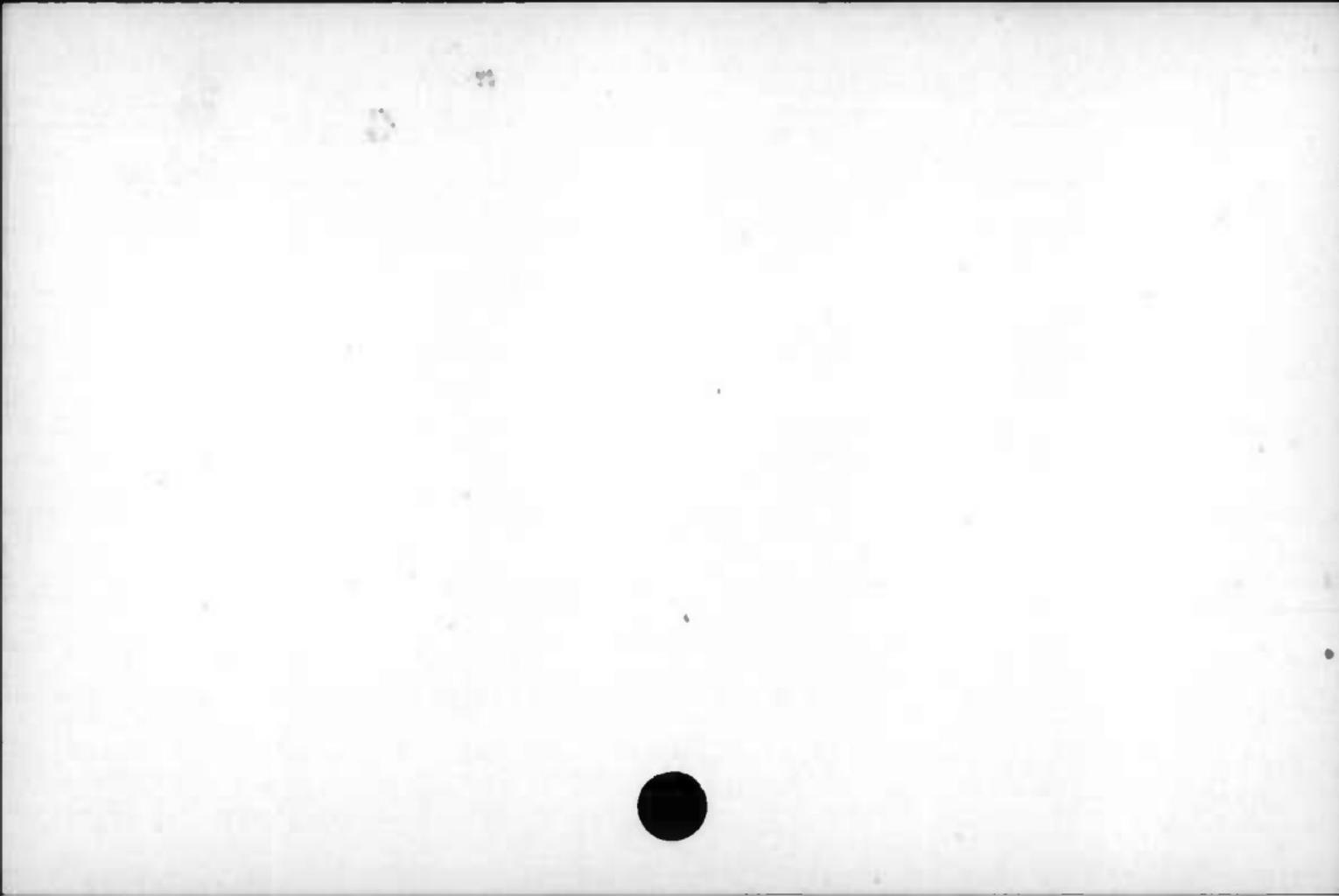
Yes

Signature of  
Physician

Address

E.P. Sengen M.D.  
Rosedale Md

Accident or Suicide?



Name  
in  
Full

Maria Harrison

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <sup>Town</sup> near Mitchellville

County Prince George

MARYLAND

Date of death 1908

Month July

Day 3<sup>rd</sup>.

Years

Age 44

Months

Days

Sex Female

Color or Race

Colored.

Birth-place

Prince Geo. Co Md.

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or Husband

Basil Harrison

Father's Name

Nathaniel Boone

Father's Birthplace

Md.

Mother's Maiden Name

Susan B. Williams

Mother's Birthplace

Md.

Name of person giving information

Andrew Boone

How related  
to deceased

Brother  
Sister

CAUSES OF DEATH

167

How long

Primary

Burn from Coal oil, Exploded lamp. Four days

Immediate

Congestion of Brain, Exhaustion. Five hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. F. R. Dufour

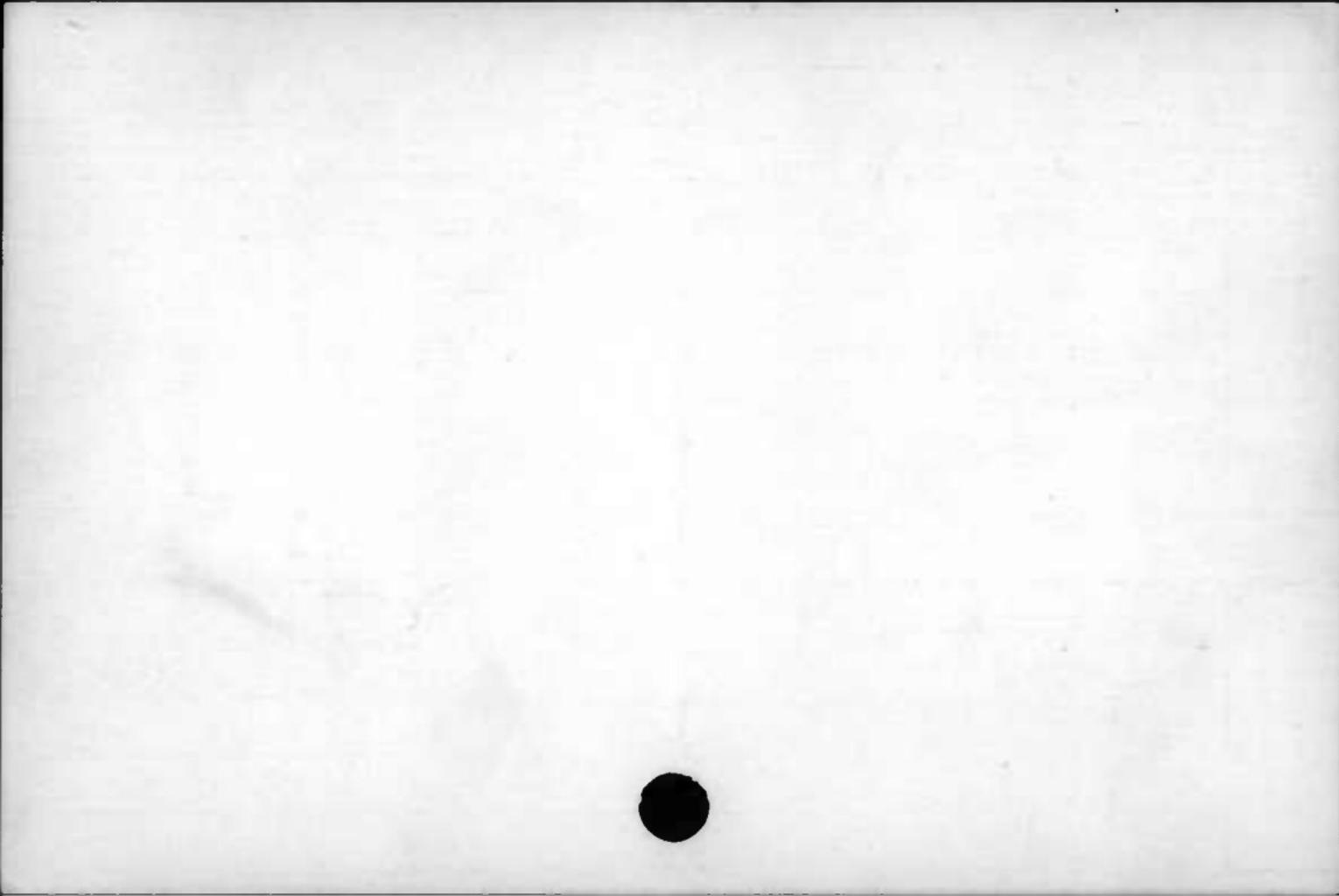
Mitchellville

PHYSICIAN  
OR CORONER

Accident or Suicide?

accident

Address



Name  
in  
Full

Theodore Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Bowie	Prince Georges				
Date of death	Month	Day	Years	Months	Days
1908	7	10	—	—	10
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Wm H. Garrison				
Mother's Maiden Name	Mary Fairfax				
Name of person giving information	Henry Harrison				

CAUSES OF DEATH

151

How long

2 weeks

How long

PHYSICIAN  
OR CORONER

Primary

Malnutrition

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

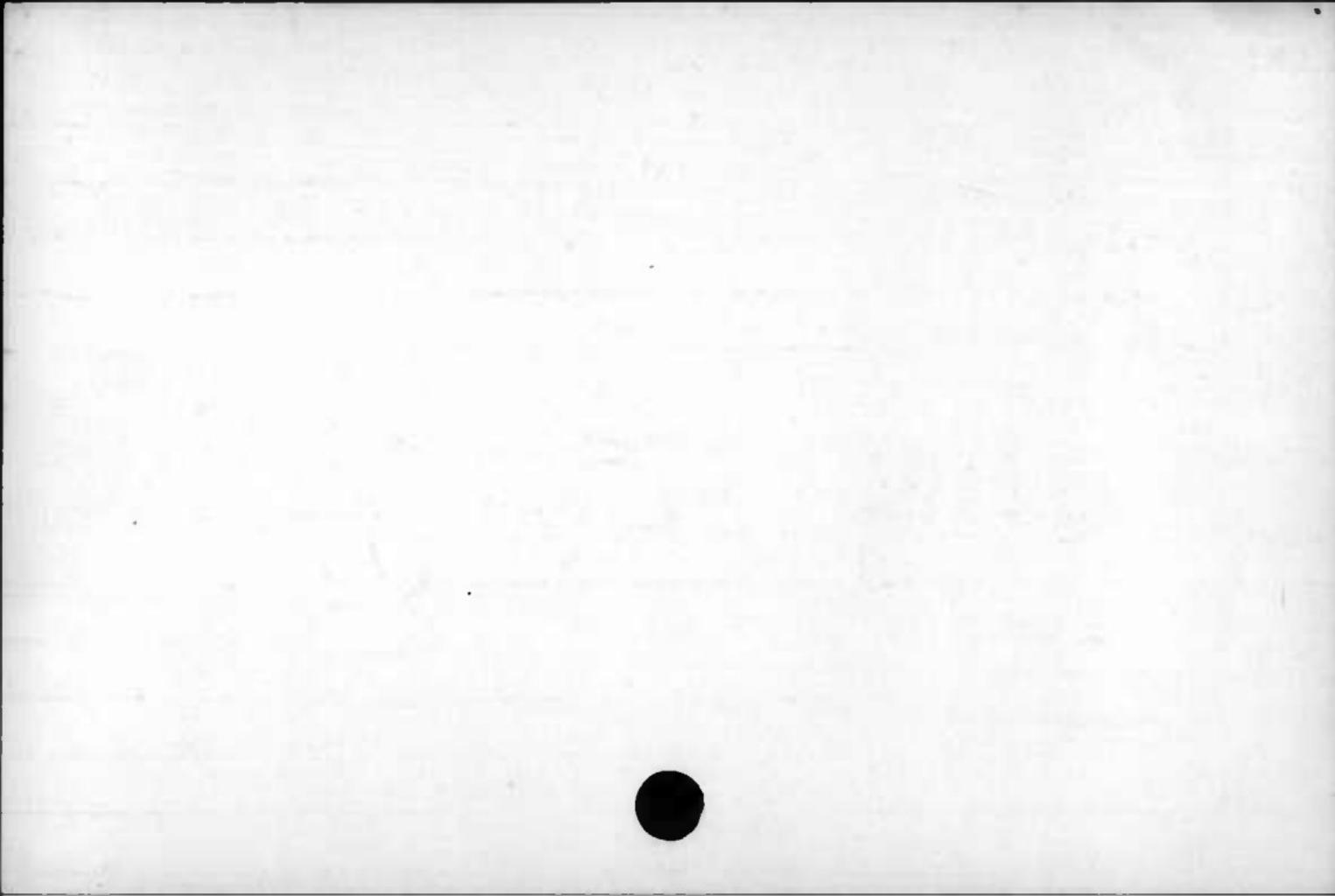
Address

Mem R. Ryan M.D.  
Bowie

Ind

Accident or Suicide?

No



Name  
in  
Full

Robert Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Hawkins			
Father's Name	Robert Hawkins		Father's Birthplace	Md	
Mother's Maiden Name	Chloe Ann Henderson		Mother's Birthplace	Md	
Name of person giving information	Mary Hawkins		How related deceased	wife	

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	How long
Immediate Cerebral Hemorrhage	How long 8 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	John A. Cor Z.B. Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

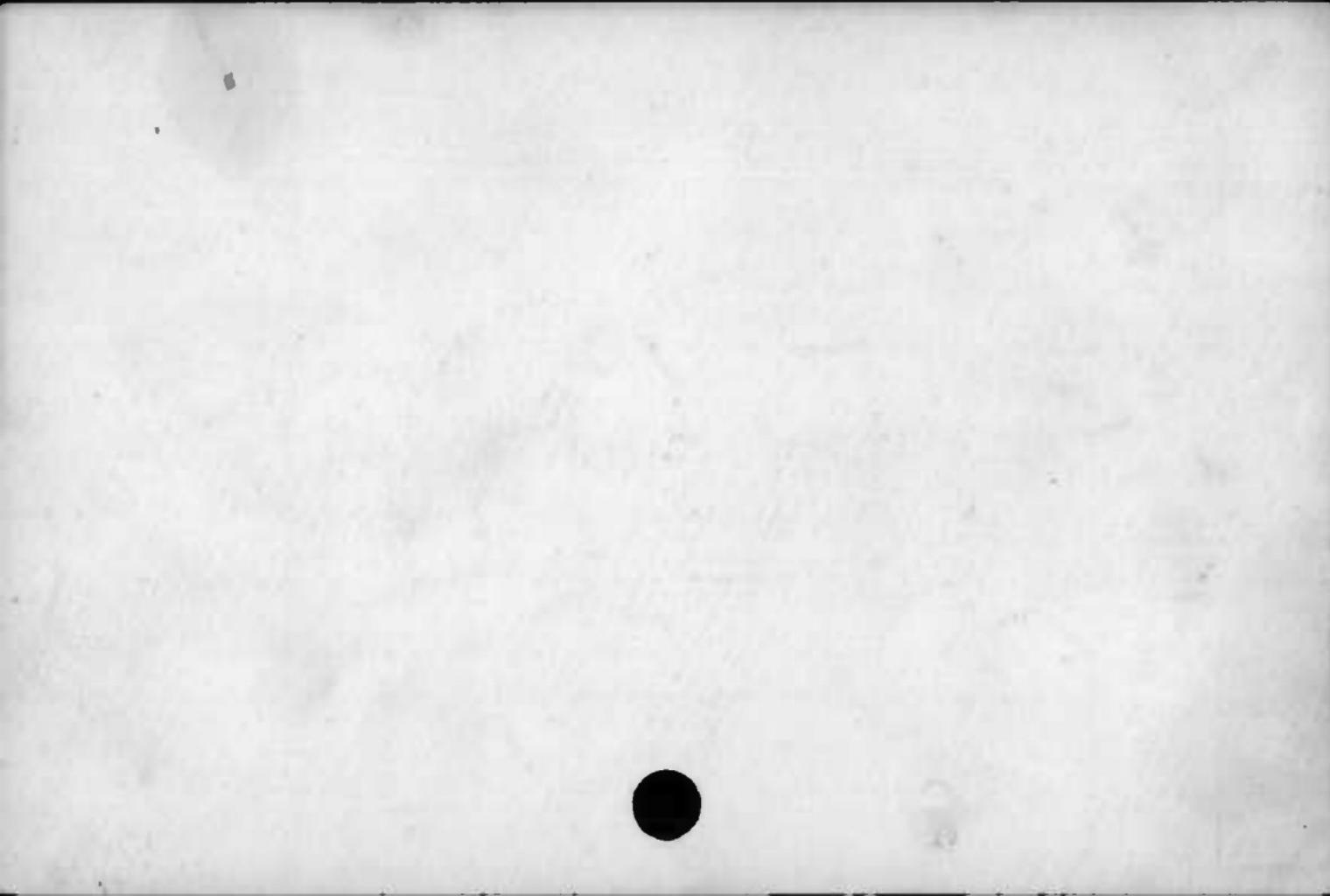
Jacob Newkirk

CERTIFICATE OF DEATH

Died at <u>Catonsport</u> Town		<u>P.S.</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>22</u>	Years <u>2</u>	Age <u>2</u>	Months <u>—</u> Days <u>—</u>
Sex: <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Catonsport Md.</u>			
Occupation <u>Marine</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>James Newkirk</u>	Father's Birthplace <u>P.G.C. Md.</u>				
Mother's Maiden Name <u>Craig</u>	Mother's Birthplace <u>P.G.C. Md.</u>				
Name of person giving information <u>James Newkirk</u>	How related to deceased <u>Son</u>				
CAUSES OF DEATH					
Primary <u>Cancerous of the Lungs</u>	95				
Immediate <u>Bogus</u>	How long <u>96 hours</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address <u>John Donald M.D. Oxon Island Md.</u>		
<u>Yes</u>		<u>John Donald M.D.</u>			

PHYSICIAN  
OR CORONER

Accident or Suicide? No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	3 Heudecker				
Father's Name	John B. Horsey					Father's Birthplace
Mother's Maiden Name	Eliza J. R. Ferguson					Mother's Birthplace
Name of person giving information	E. A. D.					How related to deceased

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

79

How long

6 mo

How long

2 days

Signature of Physician

Address

The Dyer  
Sand. Md

Primary

Inhal regurgitation

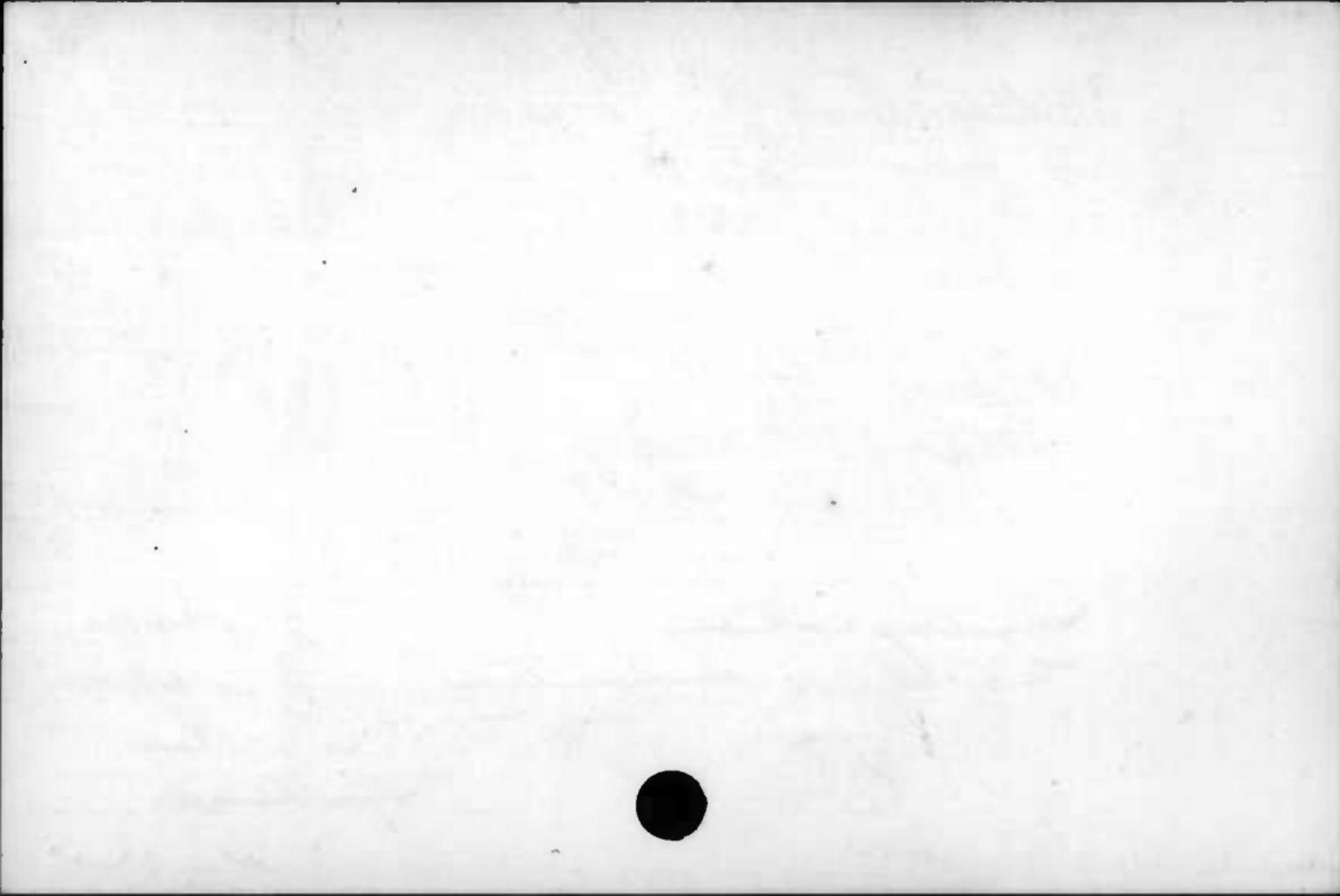
Immediate

Chaswell.

Are the name, age, sex, color, date and place correctly given above?

YR

Accident or Suicide?



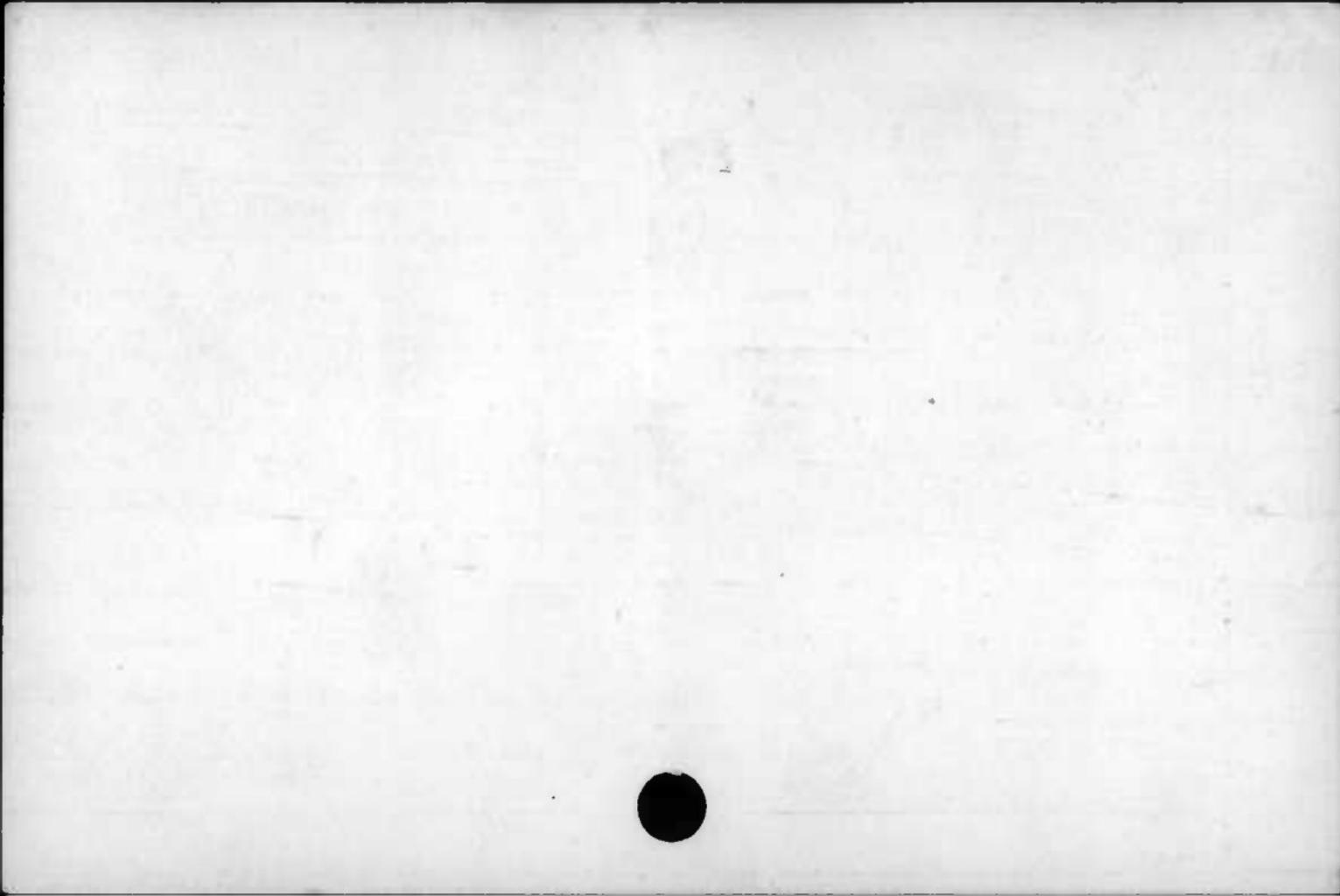
Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

George F Hill				CERTIFICATE OF DEATH		
Died at	Town	County				
Bladensburg	Prince Geo	MARYLAND				
Date of death	Month	Day	Years	Months	Days	
1908	July	6	Age	4	4	
Sex	Color or Race	Birth-place				
male	white	Bladensburg				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Henry Hill	Father's Birthplace	DC			
Mother's Maiden Name	Mary Norgle	Mother's Birthplace	" "			
Name of person giving information	Henry Hill	How related to deceased	Father			
CAUSES OF DEATH						
Primary	Indigestion					
Immediate	Leptothrix infantum					
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	104		
			Address	How long		
				3 weeks		
				How long		
				3 weeks		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	K. T. Willis
		Address	Hyattsville
Accident or Suicide?	dw		J. C. Lee



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ella Hodge

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
CAUSES OF DEATH					
Primary	105°				
How long					
Immediate	How long				
Cholera Infantum					

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S.E. Padgett, Acting Coroner

Address

Upper Marlboro Ma

Accident or Suicide?



Name  
in  
Full

Mary Esthouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	2	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

1908 July 27 white Wash. D.C.

Unknown Elizabeth House Sister Agnes. Superior Orphanage

CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary Broncho-Pneumonia following Measles How long 10 days

Immediate Mitral Insufficiency How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. J. Etienne

Bethesda Md

Accident or Suicide?

8

Name  
in  
Full

Mamie Jennings

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Henson Jennings			Father's Birthplace	Md.	
Mother's Maiden Name	Nettie Bias			Mother's Birthplace	Md.	
Name of person giving information	Henson Jennings			How related to deceased	Father	

CAUSES OF DEATH

151

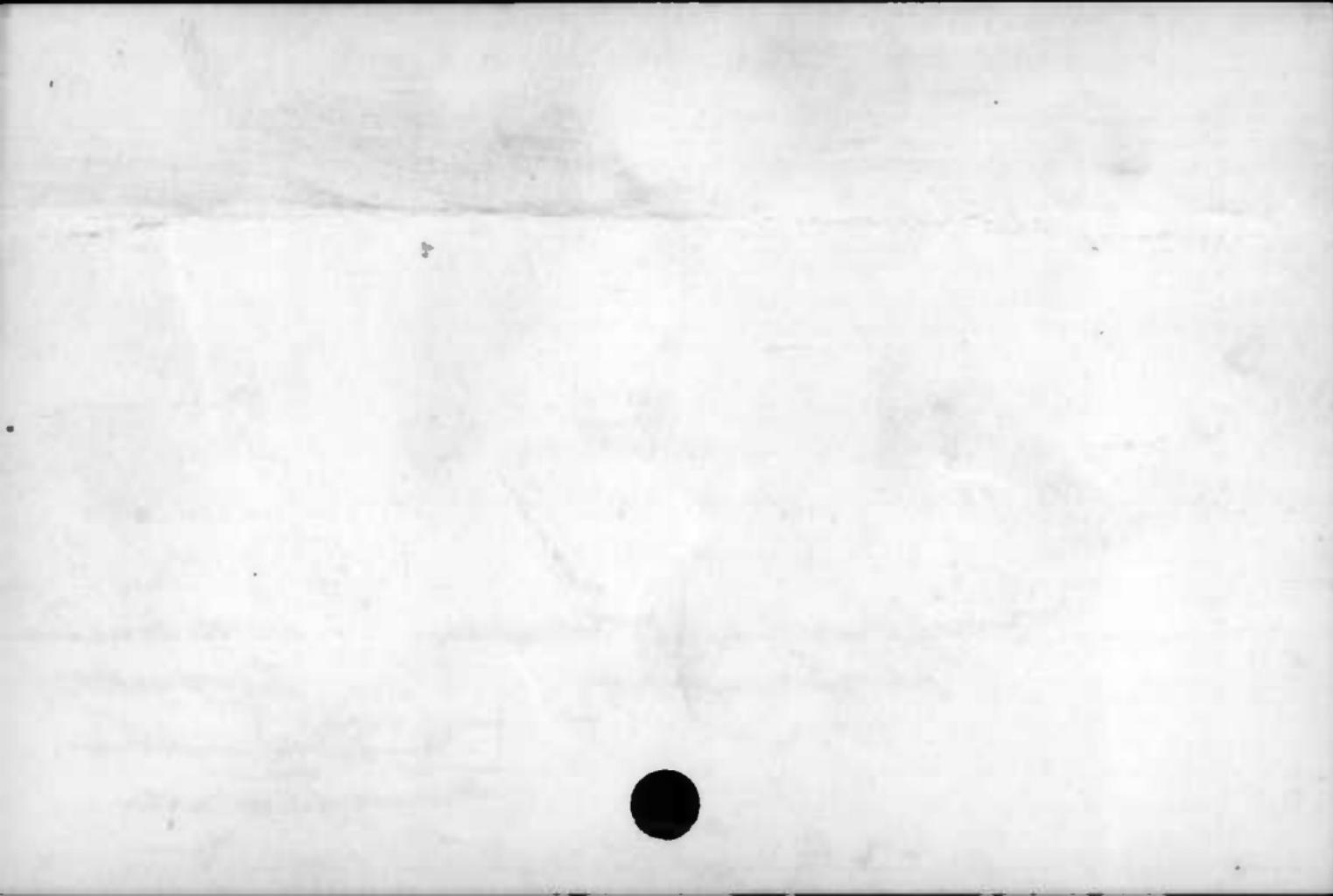
How long

2 weeks

PHYSICIAN  
OR CORONER

Primary	Inanition	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

W. H. Gibbons  
Dr. W. H. Gibbons  
Crown Md.



Name  
in  
Full

Harold F. Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Hayattsville

County

Prince George

MARYLAND

Date  
of death

1908 July

Month

Day

Years

Months

Days

Age

Sex

male

Color or  
Race

colored

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Divorced

Name of Wife or  
Husband

Father's  
Name

Robert F. Johnson

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Mary Lancaster

Mother's  
Birthplace

Md

Name of person giving  
Information

Mary Lancaster

How related  
to deceased

Mother

CAUSES OF DEATH

14

Primary

Inproper feeding  
hysteria

long

2 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

H. S. Willis

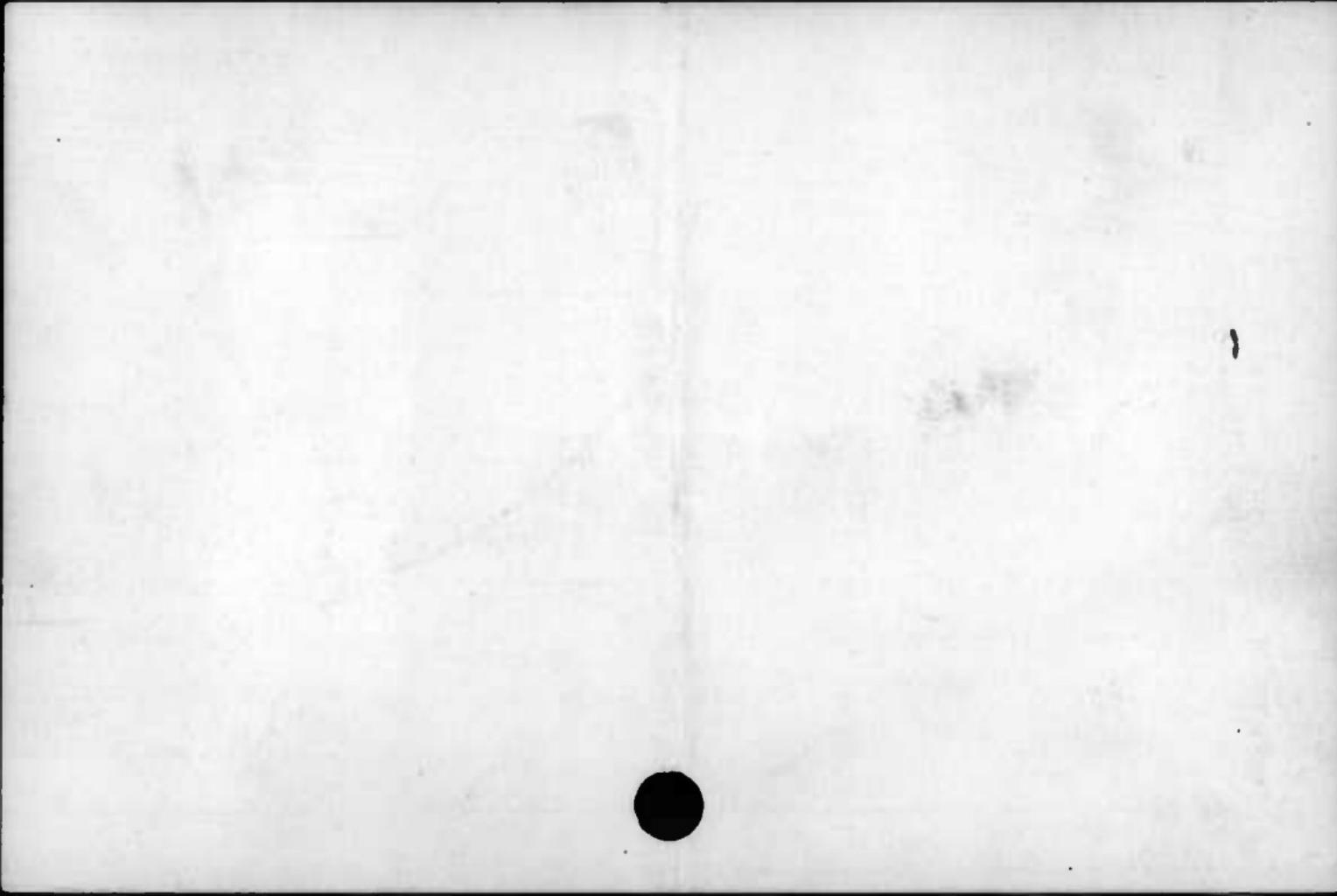
Address

Hayattsville  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

no



Name  
in  
Full

John Edward Kidwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Chillum		Town County		MARYLAND	
Date of death 1908	Month July	Day 16	Years no	Months 6	Days 16
Sex Male	Color or Race white	Birth- place Prince Co Md			
Occupation nothing	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed Single	Name of Wife or Husband	<input checked="" type="checkbox"/>			
Father's Name Arthur Kidwell	Father's Birthplace Va				
Mother's Maiden Name Hattie Souder	Mother's Birthplace Md				
Name of person giving Information Mrs. Miller	How related <input checked="" type="checkbox"/> deceased Aunt				

CAUSES OF DEATH

179

How long

3 wks

How long

2 days

Household  
Harrington  
Harrington  
Md

PHYSICIAN  
OR CORONER

Primary

Marasmus

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

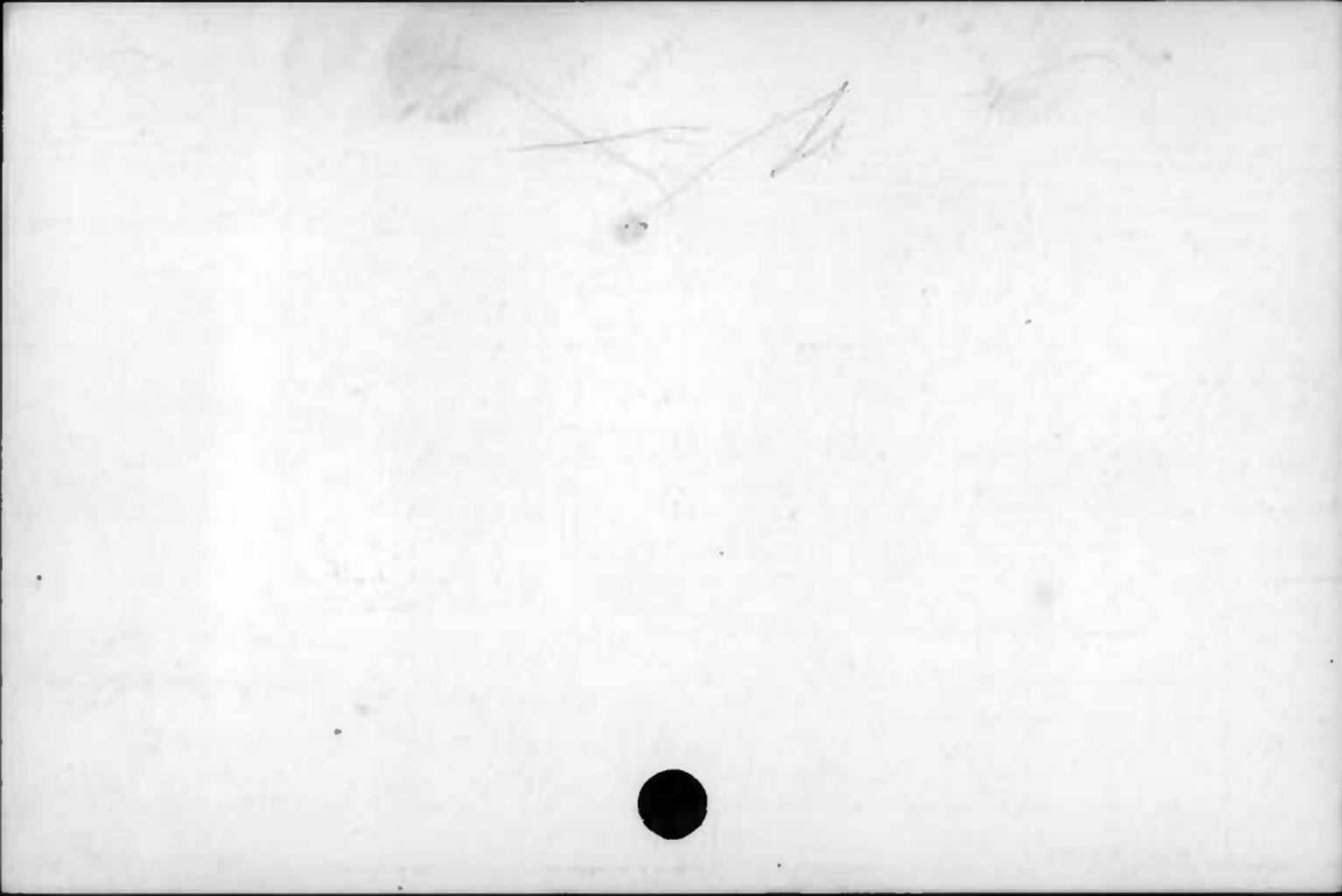
Yes

Signature of  
Physician

Address

Accident or Suicide?

Neither



Name  
in  
Full

Frederick Lammers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			at place of death	
Married, Single or Widowed	Child	Name of Wife or Husband			
Father's Name	Arnold Lammers			Father's Birthplace	Germany
Mother's Maiden Name	Mary Olson			Mother's Birthplace	
Name of person giving information	Arnold Lammers			How related to deceased	Father

CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary  
Excessive heat

How long

3 days

Immediate  
Convulsions

How long

six hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

John Crommiller

Yes

Address

Lancaster, PA

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Dr. Paul J. Roman Lownski Julia Kiekle  
Died at Mt. Rainier <sup>Town</sup> County Prince George

## CERTIFICATE OF DEATH

MARYLAND

Date of death 1908 July	Month	Day	Age	Years	Months	Days
Sex Female	Color or Race	white				
Occupation <del>Painter</del>	Where Residing if not at place of death					
Married, Single or Widowed <del>Single</del>	Name of Wife or Husband					
Father's Name Roman Lownski	Father's Birthplace Russia					
Mother's Maiden Name Julia Kiekle	Mother's Birthplace Austria					
Name of person giving information Roman Lownski	How related to deceased Roman Lownski					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born

(S)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

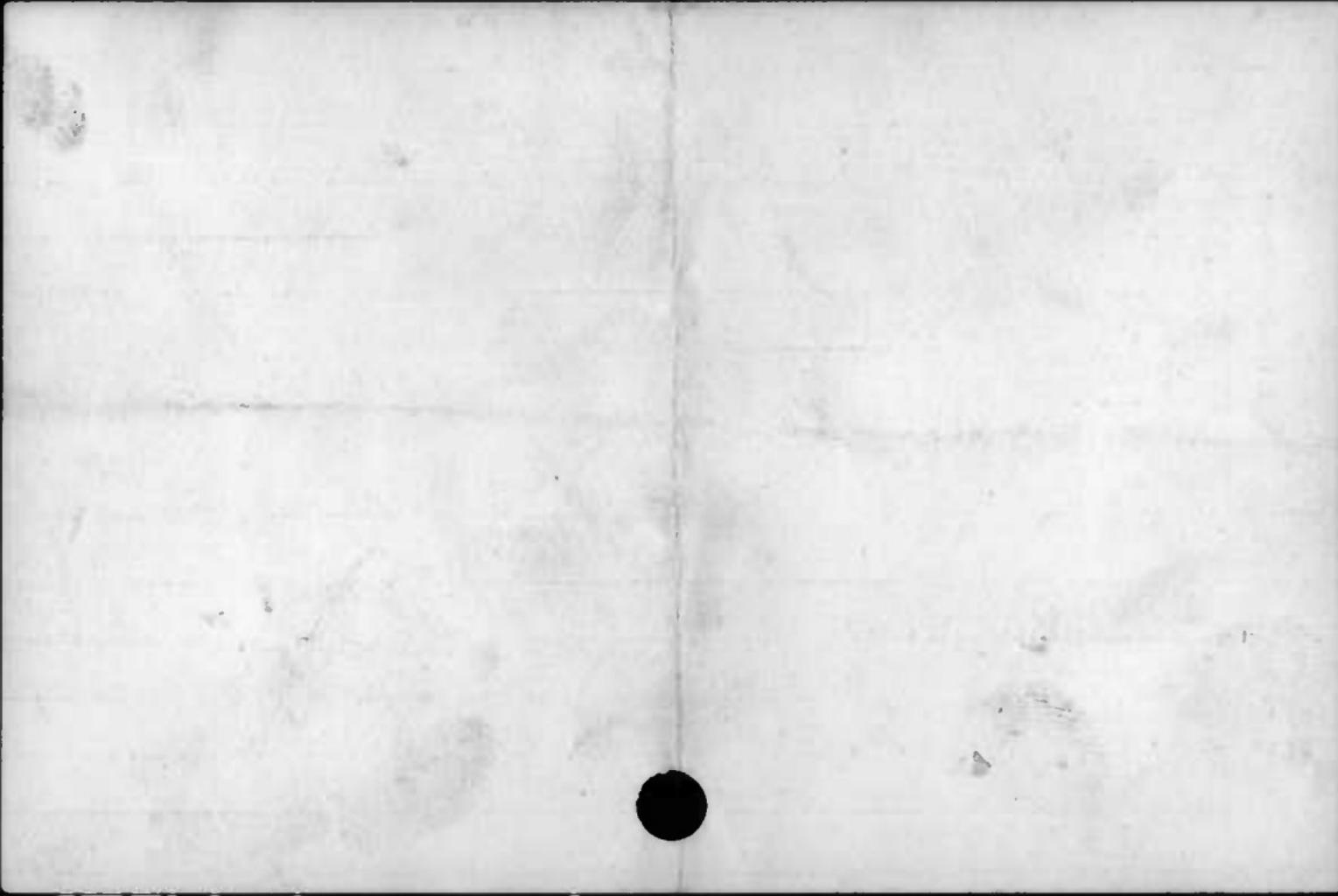
Signature of Physician



Address

Das. J. Mooney  
111, no. Capital St. N.E. D.C.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	McDonald . County Prine George .		MARYLAND	
Date of death	Month	Day	Years	Munths	Days
Sex	Male .	Color or Race	white	Birth-place	Savard, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Jas. S McDonald		Father's Birthplace		
Mother's Maiden Name	Ida Davis		Mother's Birthplace		
Name of person giving information	Jas. S. McDonald		How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born

S

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

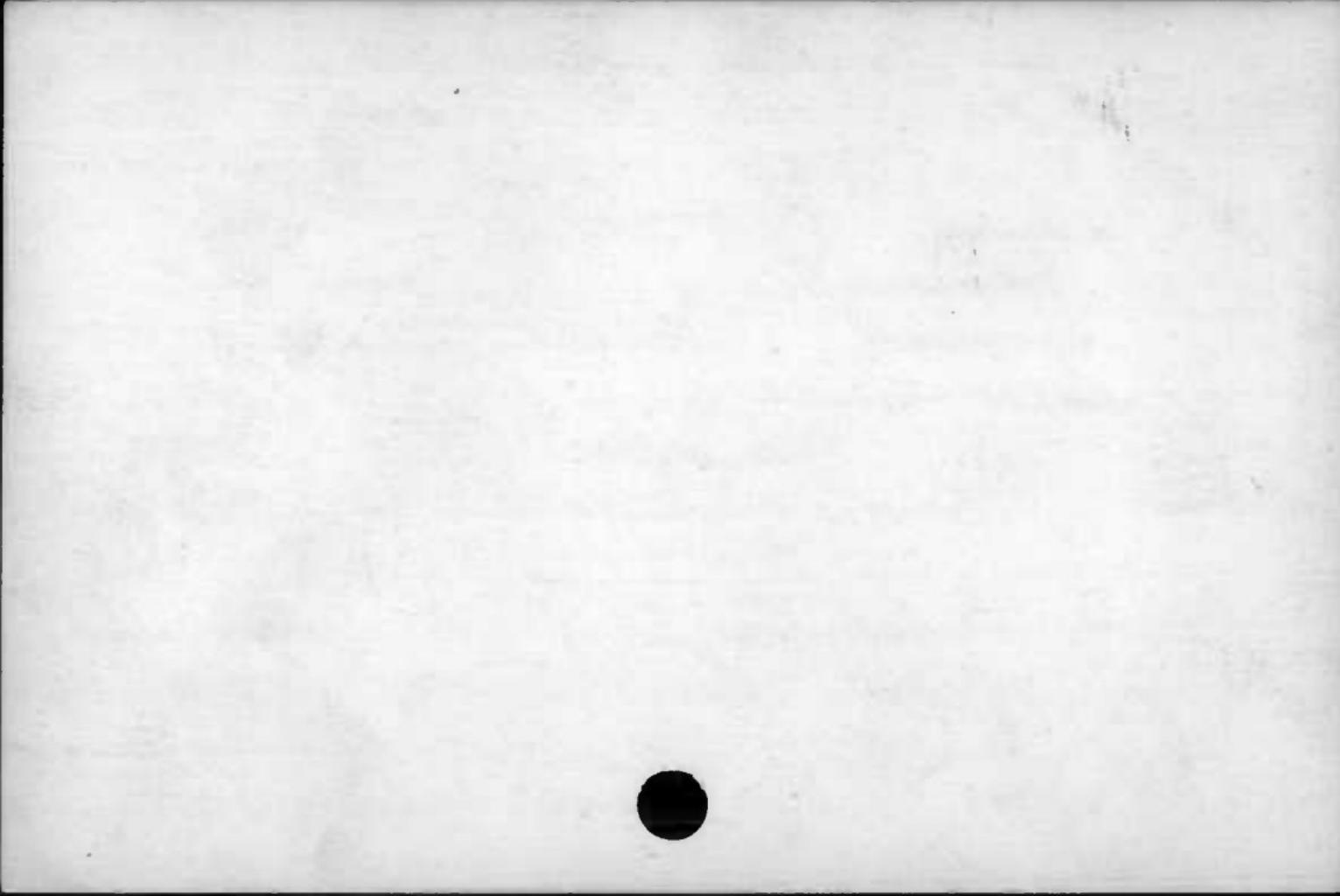
Signature of Physician

Address

R. Anthony  
Samuel

Accident or Suicide?

7-111



Name  
in  
Full

Mary Laddler Mackall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month July	Day 28	Years 73	Months 6	Days -
Sex Female	Color or Race White	Birth-place Md.			
Occupation Housewife	Where Residing if not at place of death Wash. D.C.				
Married, Single or Widowed Widow	Name of Wife or Husband Louis Mackall	Father's Birthplace Md.			
Father's Name Mrs Bruce	Mother's Birthplace Md.				
Mother's Maiden Name Gaudler	How related to deceased Son				
Name of person giving information Laddler Mackall					

CAUSES OF DEATH

14

How long

One week

How long

10 yrs.

PHYSICIAN  
OR CORONER

Primary

Hypertrophy

Immediate

Organic heart disease

Are the name, age, sex, color, date and place correctly given above?

Yes

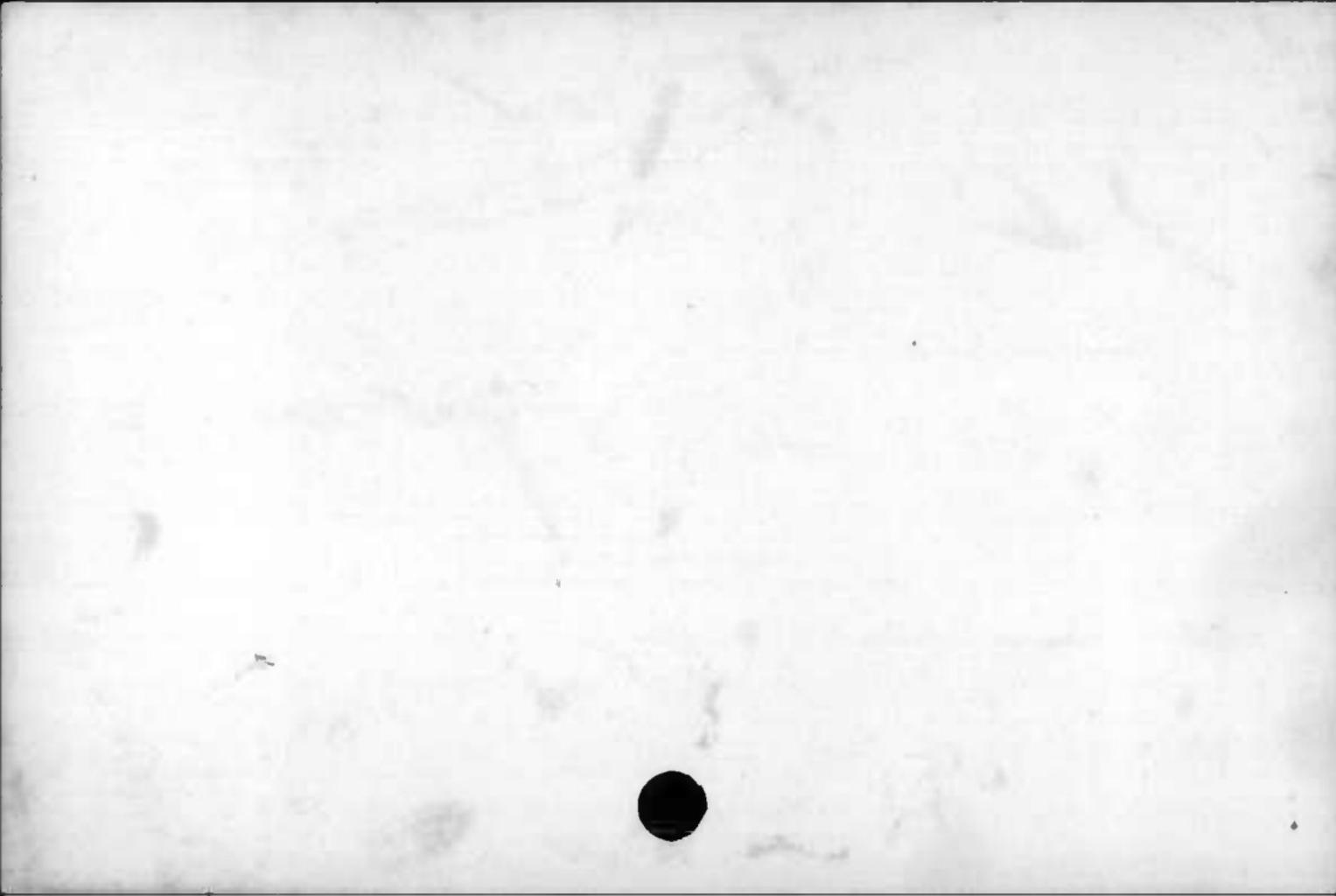
Signature of Physician

Address

A. Mortons Brown

Accident or Suicide?

No.



Name  
in  
Full

William Thomas Marlow

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1908	July	6 <sup>th</sup>	Age 17
Sex	Color or Race	Birth-place	
Male	white	Howard Co.	
Occupation	Where Residing if not at place of death		
Student			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Single	George W Marlow	Hd.	
Father's Name	Mother's Birthplace		
George W Marlow	Hd.		
Mother's Maiden Name	How related to deceased		
Marion Caesar	Step mother		
Name of person giving information	Marlow	172	How long

CAUSES OF DEATH

Primary

homicide

172

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

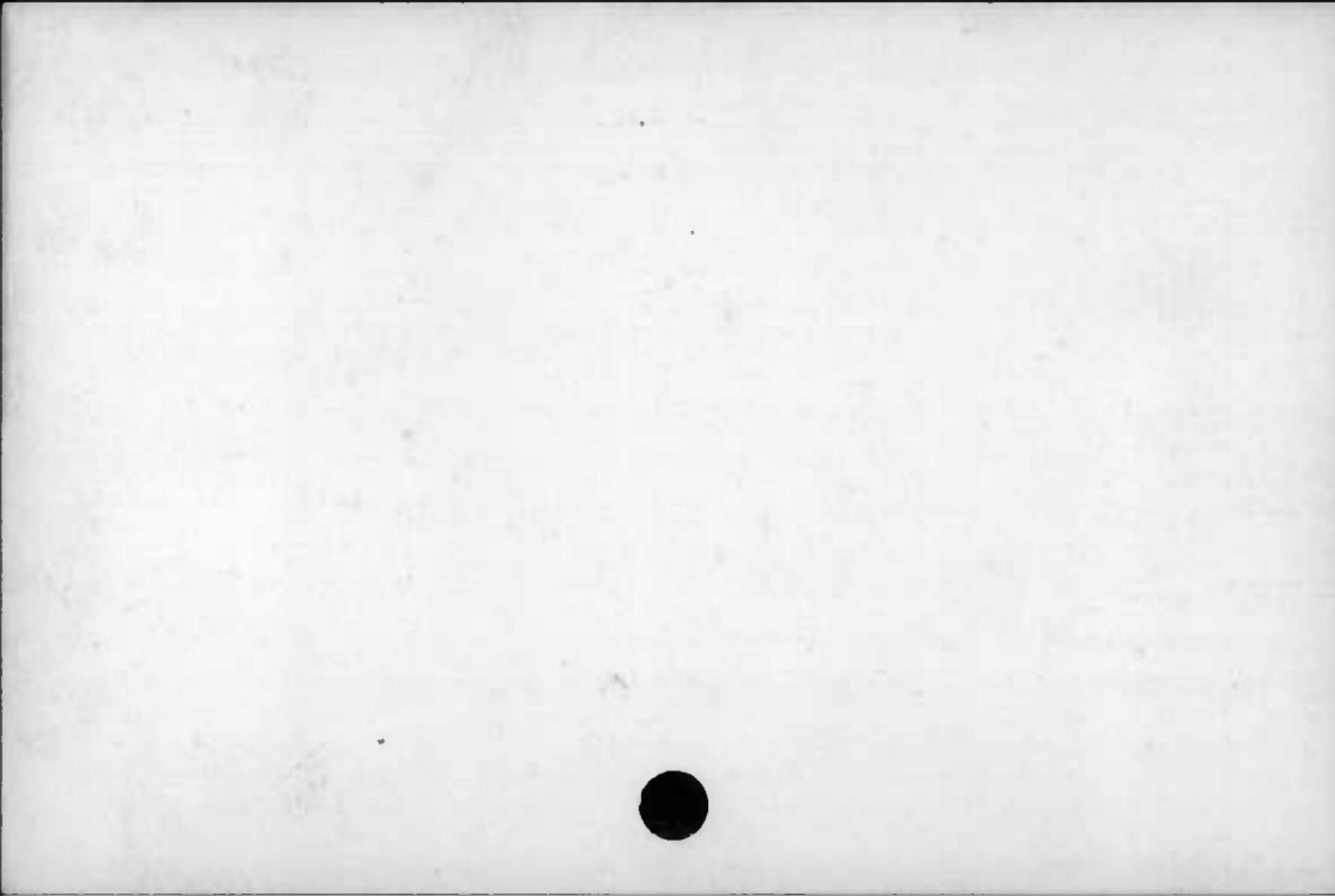
Address

Harry P Frost  
Coroner  
Laurel Md

Accident or Suicide?

Accident

PATRON  
OR CORONER



Name  
in  
Full

Enoch Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND		
Died at	Near Upper Marlboro		P. G.				
Date of death	Month	Day	Years	Age	Months	Days	
1908	July	28	79	79	—	—	
Sex	Male	Color or Race	Black	Birth-place	P. G. 60 and		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Ellen Fletcher				
Father's Name	Don't Know		Father's Birthplace	Don't Know			
Mother's Maiden Name	Don't Know		Mother's Birthplace	Don't Know			
Name of person giving information	George Marshall		How related to deceased	Son			

CAUSES OF DEATH

74

Primary

Complexion disease

Family

3 weeks

Immediate

Anemia & Jaundice

How long

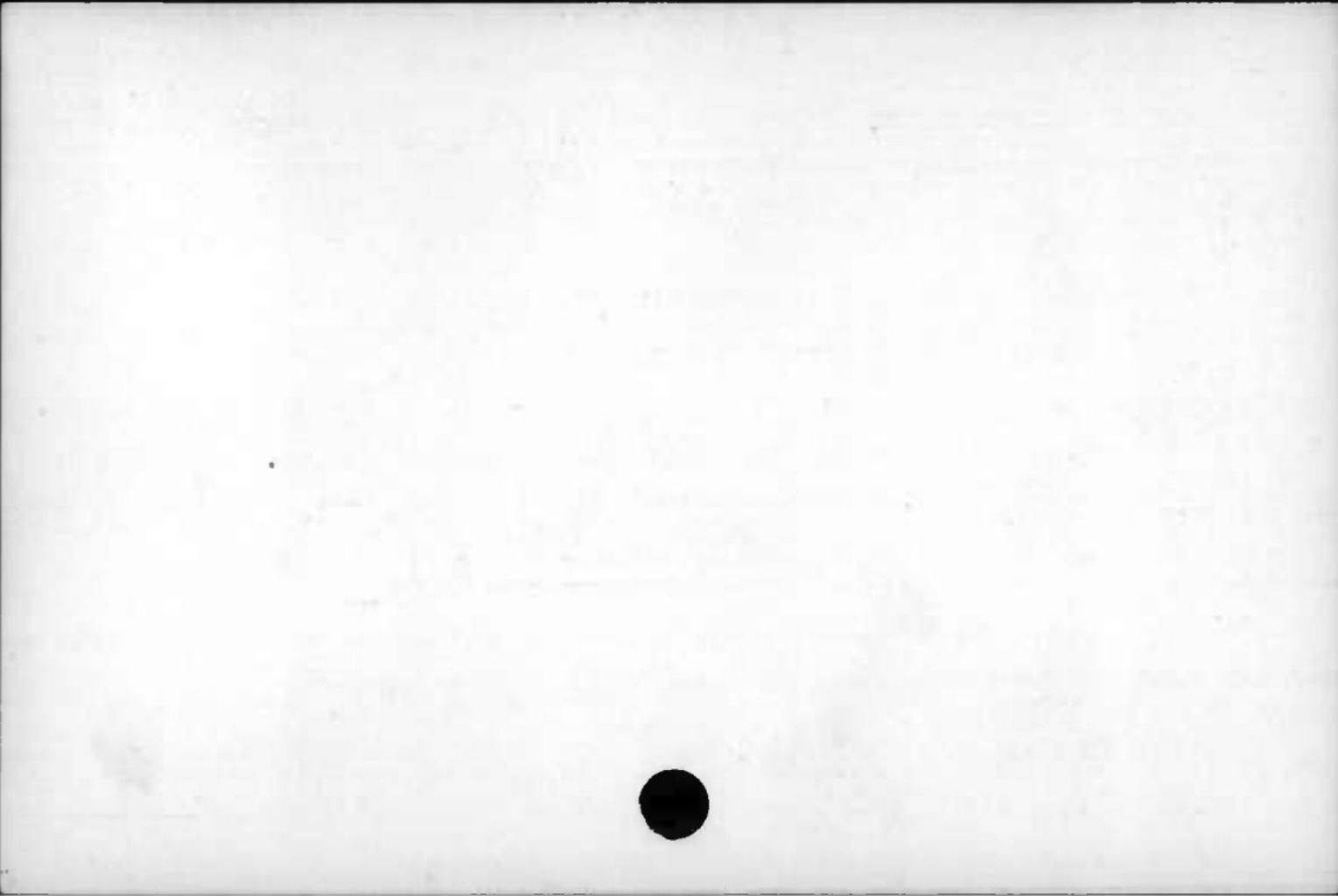
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Perry Glasser  
Upper Marlboro  
Md

Accident or Suicide?



Name  
in  
Full

Mary Mason

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	July	8 <sup>th</sup>	Age	one	12
Sex	Color or Race	Colored	Birth-place	D.C.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edu. Mason				
Mother's Maiden Name	Matte Delaney				
Name of person giving information	A. Burman Matthews				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Natural Causes

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

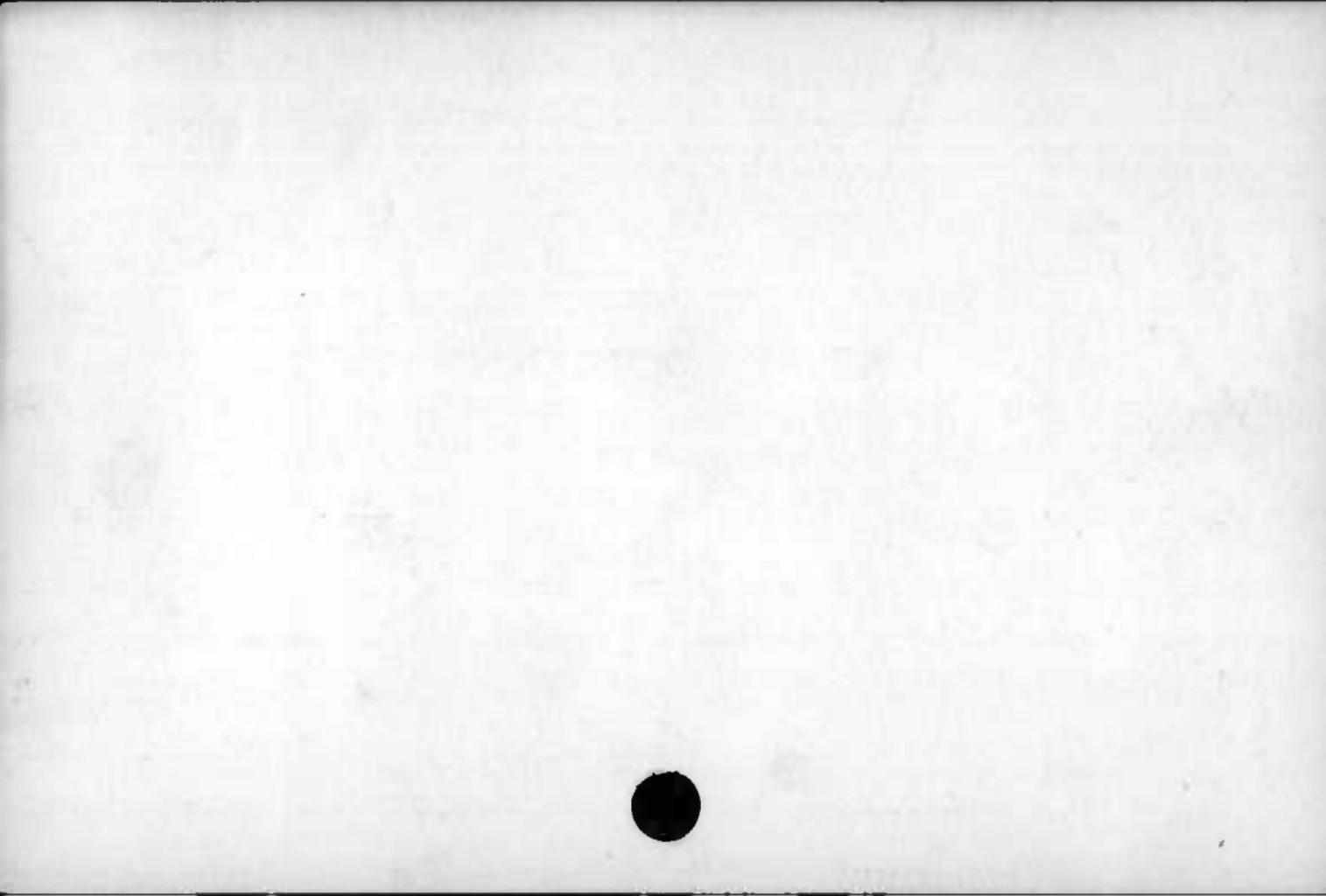
Signature of Physician

Address

Augustus H. Doehler

Justice of the Peace  
Baltimore, Md

Accident or Suicide?



Name  
in  
Full

Frances Loretta Mayhead

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Mitchelville	Prince George's		
Date of death	Month	Day	Years
1908	July	15 <sup>th</sup>	Age      6      Months      3      Days
Sex	Color or Race	Birth-place	
Female	White	Maryland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John W. Mayhead	Father's Birthplace	Maryland
Mother's Maiden Name	Maggie L. Adams	Mother's Birthplace	Maryland
Name of person giving information	Mr. W. W. Mayhead	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

179

How long

2 weeks

Immediate

Emaciation

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

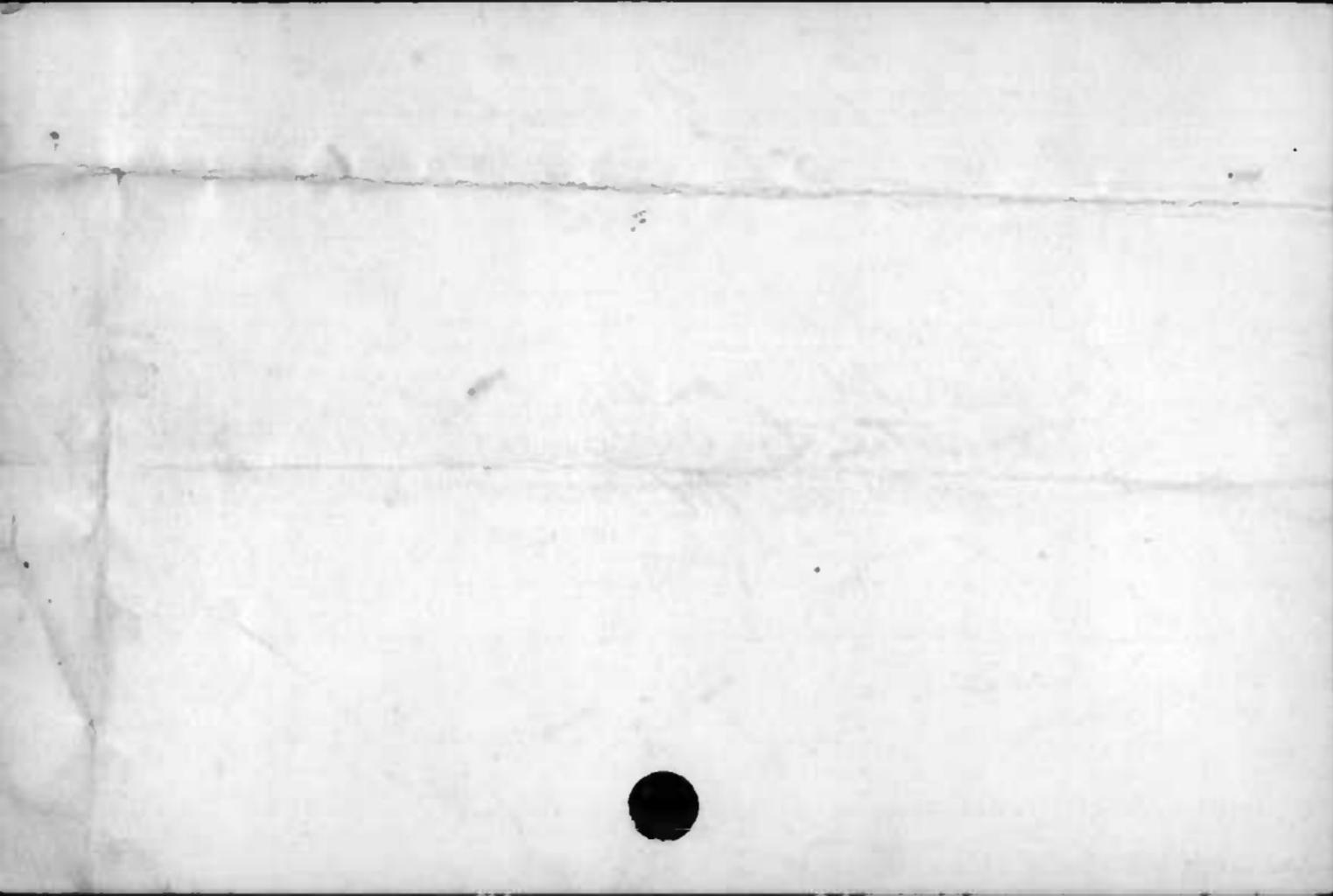
Yes

Signature of Physician

Address

Henry J. Hinckley  
Held, Maryland

Accident or Suicide?



Name  
in  
Full

Whitney B. Meads

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Laurel

County

MARYLAND

Date of death 1908 Month Aug Day 6 Years Birth-months Months Days 5 1

Sex Male Color or Race White Birth-place Laurel

Occupation Woman Where Residing if not at place of death Laurel

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Benjamin Meads

Father's Birthplace England

Mother's Maiden Name Mary E. Carter

Mother's Birthplace Maryland

Name of person giving information

How related to deceased

Day Meads

105

CAUSES OF DEATH

Primary

Cholera infantum

How long

1 week

Immediate

✓

How long

Are the name, age, sex, color, date and place correctly given above?

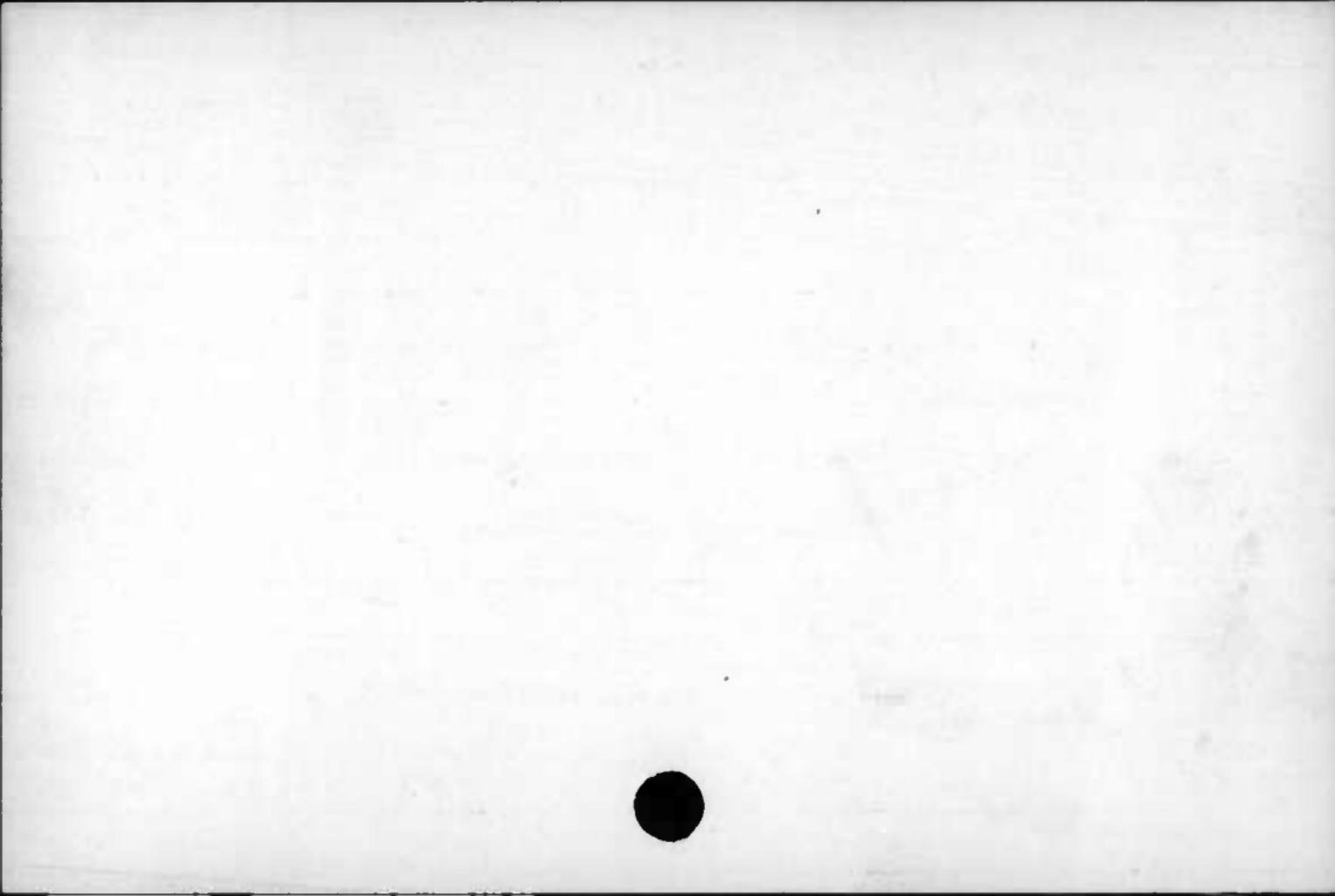
Signature of Physician

Address

J. H. Peasey  
Laurel

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Francis A. Myles

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	July	5	Age one
Months	Days	one	—
Sex	Color or Race	Birth-place	
Male	Colored	Maryland	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	md
Father's Name	Francis Myles	Mother's Birthplace	"
Mother's Maiden Name	Virginia Stewart	How related to deceased	Father
Name of person giving information	Francis Myles	Hours long	61

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Spinal meningitis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. C. Sansbury  
Forestville, Md

Accident or Suicide?



Name  
in  
Full

William Andrew Newman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	26	4	11
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lizzie Riley (deceased)			
Father's Name	Eugene Newman				
Mother's Maiden Name	Mary Proctor				
Name of person giving Information	Mary P. Newman (Mother)				

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary

Gun shot wound

How long

Immediate

Internal & external haemorrhage

18 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

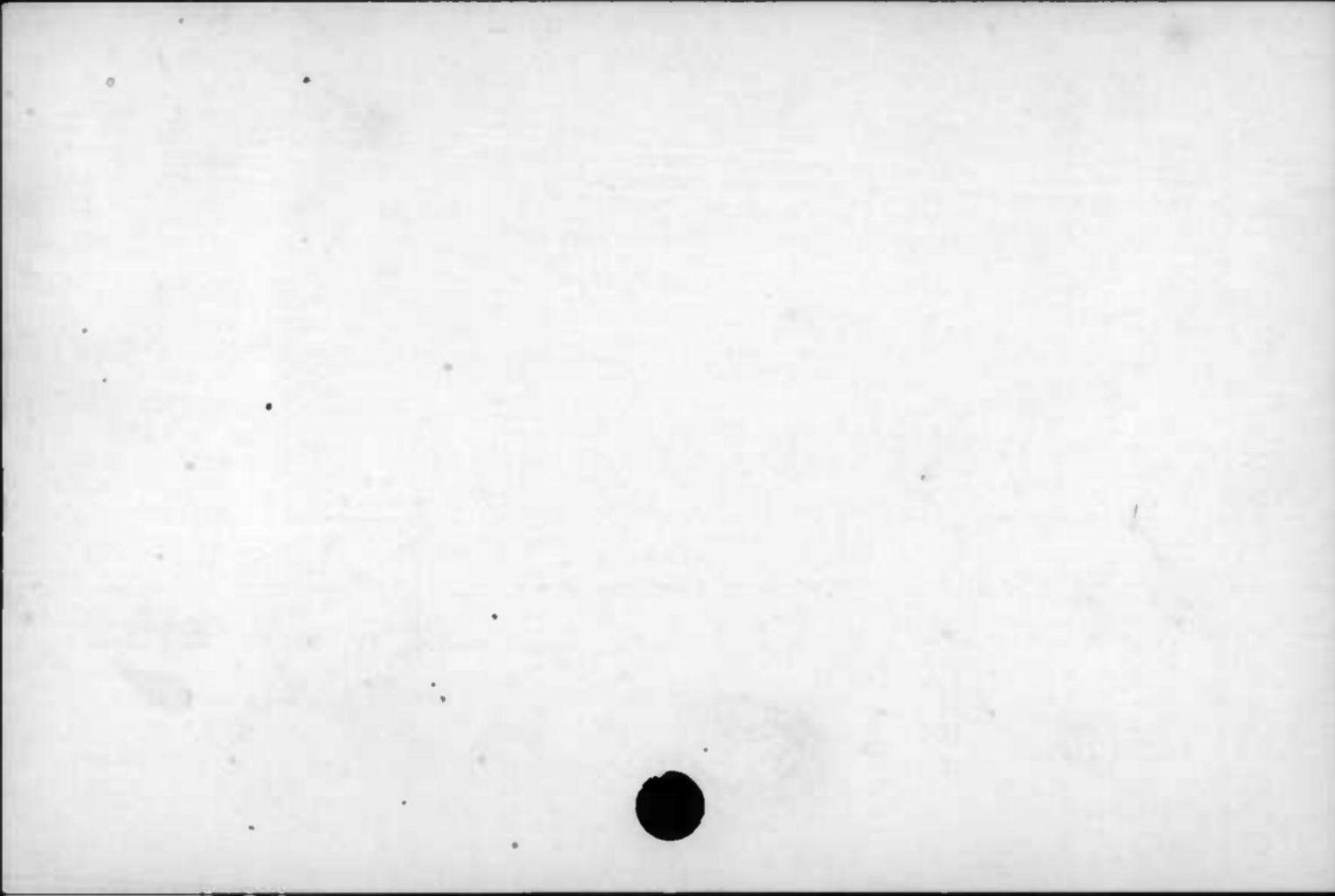
Signature of  
Physician

Address

Arthur H. Meloy M.D.  
Congress Heights, D.C.

Accident or Suicide?

Accident.



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joseph Payne

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Elizabeta Payne			
Father's Name	John				
Mother's Maiden Name	Elizabeth Payne				
Name of person giving Information	James W. Dennison				

CAUSES OF DEATH

74

Primary

Degeneration of Vessels system 2 yrs

Immediate

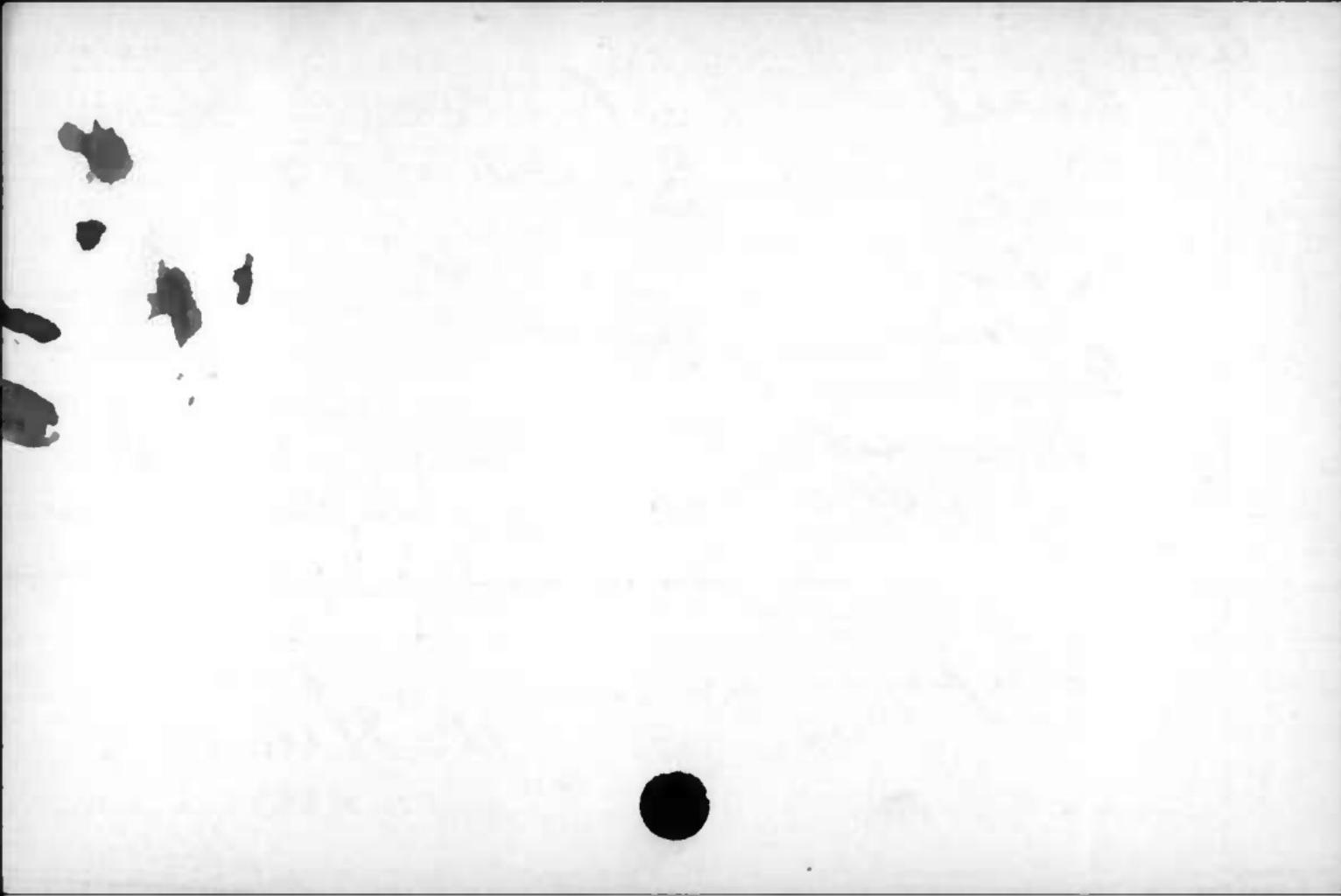
Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Edward Penn

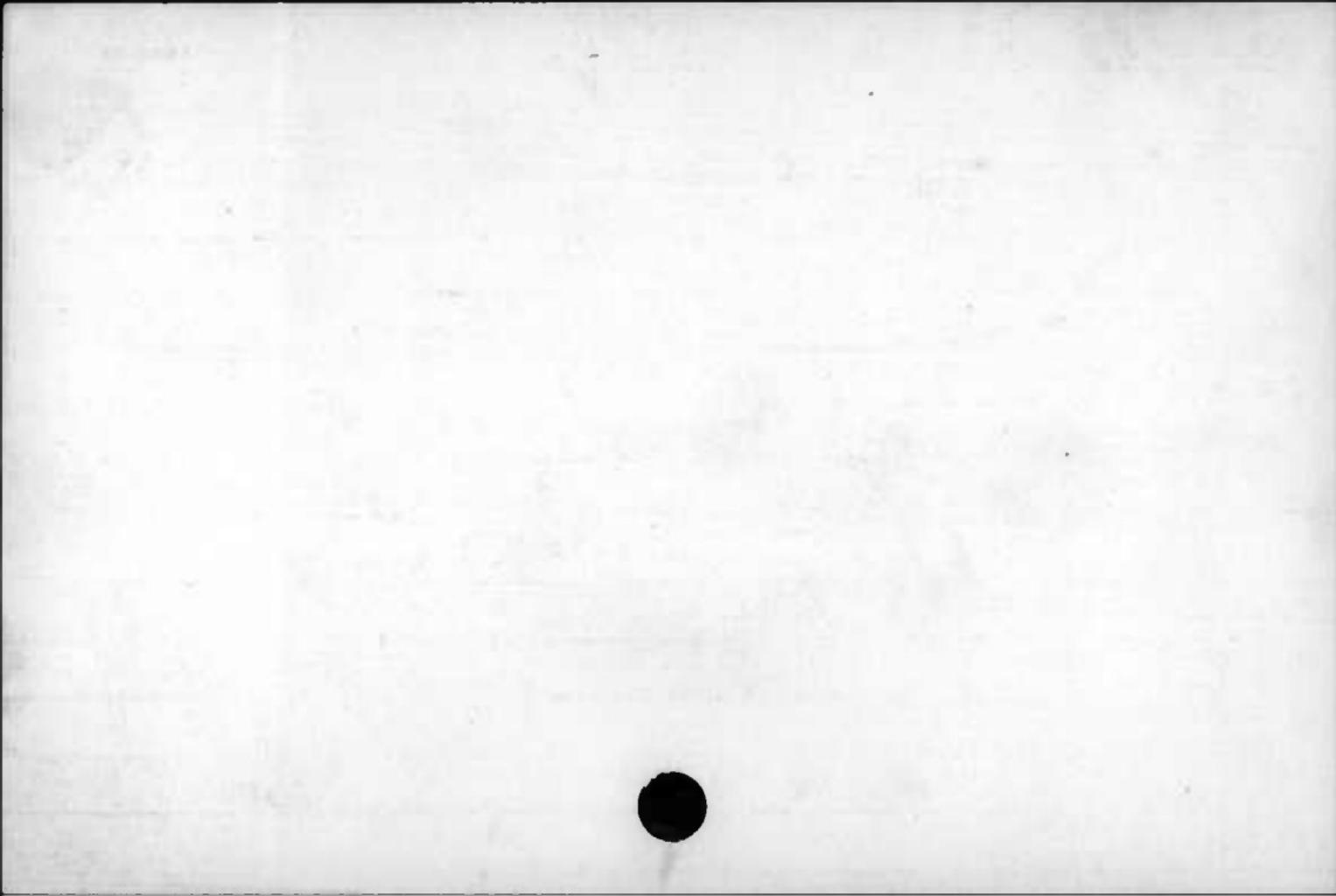
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Laurel	Town	Pa	County	MARYLAND	
Date of death	1908	Month	July	Day	Age	Years
Sex	male	Color or Race	white	Birth-place	Months	Days
Occupation	Retired					
Married, Single or Widowed	Midwife	Name of Wife or Husband	Rebecca Penn			
Father's Name	Greenbury Penn					
Mother's Maiden Name	Marianda Merrick					
Name of person giving information	W H Penn					

## CAUSES OF DEATH

Primary	Skin Cancer superficial	How long	40 mo
Immediate	Ecupycema	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J R X White
		Address	Laurel Md
Accident or Suicide?			



Name  
in  
Full

Wm Bradley Perrie

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	On	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	75		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Elizabette Perrie			
Father's Name	Lloyd Perrie				
Mother's Maiden Name	Mary A Warriny				
Name of person giving Information	Henry Perrie				

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

Apolasy

How long

7 hours

immediate

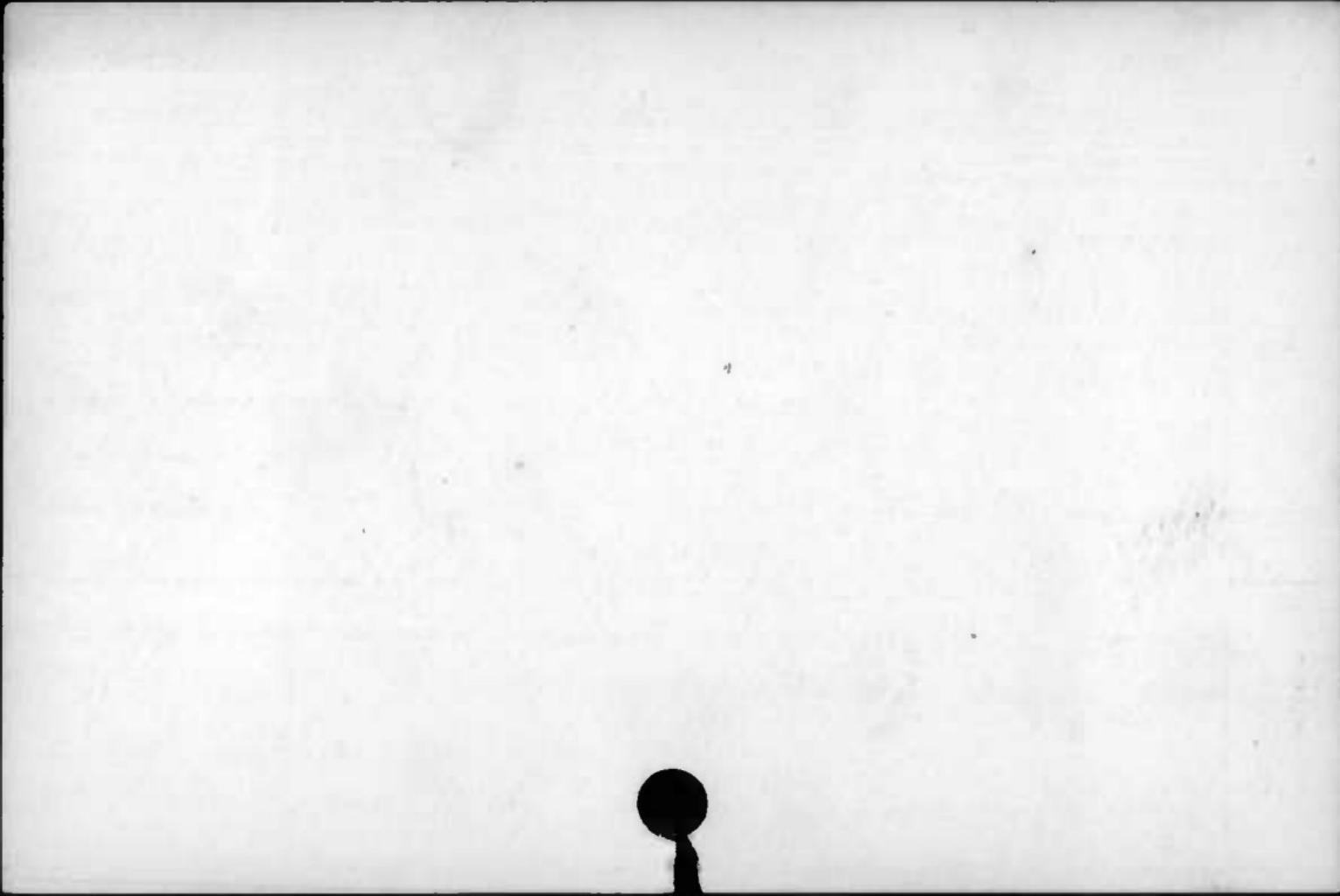
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.F. Gibbons  
Room 1nd

Accident or Suicide?



Name  
in  
Full

Wm Henry Peterson

CERTIFICATE OF DEATH

near Town  
Died at Mitchellville

County

Prince George

MARYLAND

Date Month Day  
of death 1908 7 27

Years  
Age 6

Months Days

Sex Male

Color or  
Race

Colored

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Wm Henry Peterson

Father's  
Birthplace

mitchellville

Mother's  
Maiden Name

Eunice S. Peterson

Mother's  
Birthplace

" "

Name of person giving  
Information

J. F. R. Dufour, M.D.

How related  
to deceased

Parent -

CAUSES OF DEATH

106

How long

5 weeks

How long

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

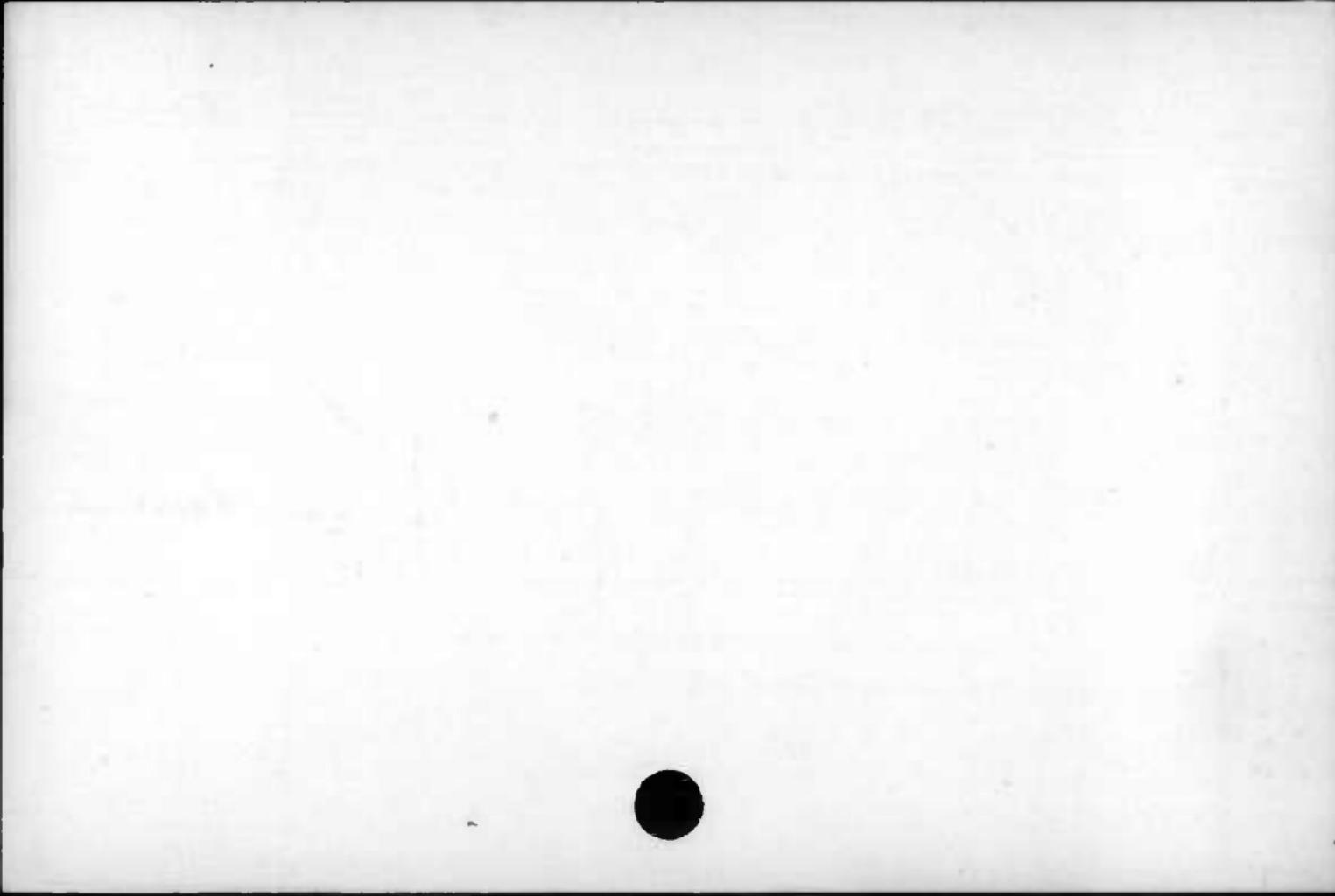
Yes.

Signature of  
Physician

Address

J. F. R. Dufour  
mitchellville, Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <b>Marlboro.</b>		Town	County <b>R. Geo.</b>	
Date of death <b>1908</b>	Month <b>July</b>	Day <b>27</b>	Age <b>19</b>	Years <b>—</b>
Sex <b>Female</b>	Color or Race <b>Black</b>	Birth-place <b>R. Geo. C. Md.</b>		
Occupation <b>House servant</b>	Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>—</b>			
Father's Name <b>Frank Pickney</b>	Father's Birthplace <b>R. Geo. C. Md.</b>			
Mother's Maiden Name <b>Greene</b>	Mother's Birthplace <b>" " "</b>			
Name of person giving information <b>Mary Pickney</b>	How related to deceased <b>Wife</b>			

## CAUSES OF DEATH

27

How long

How long

6 mos

PHYSICIAN  
OR CORONER

Primary

Immediate

Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

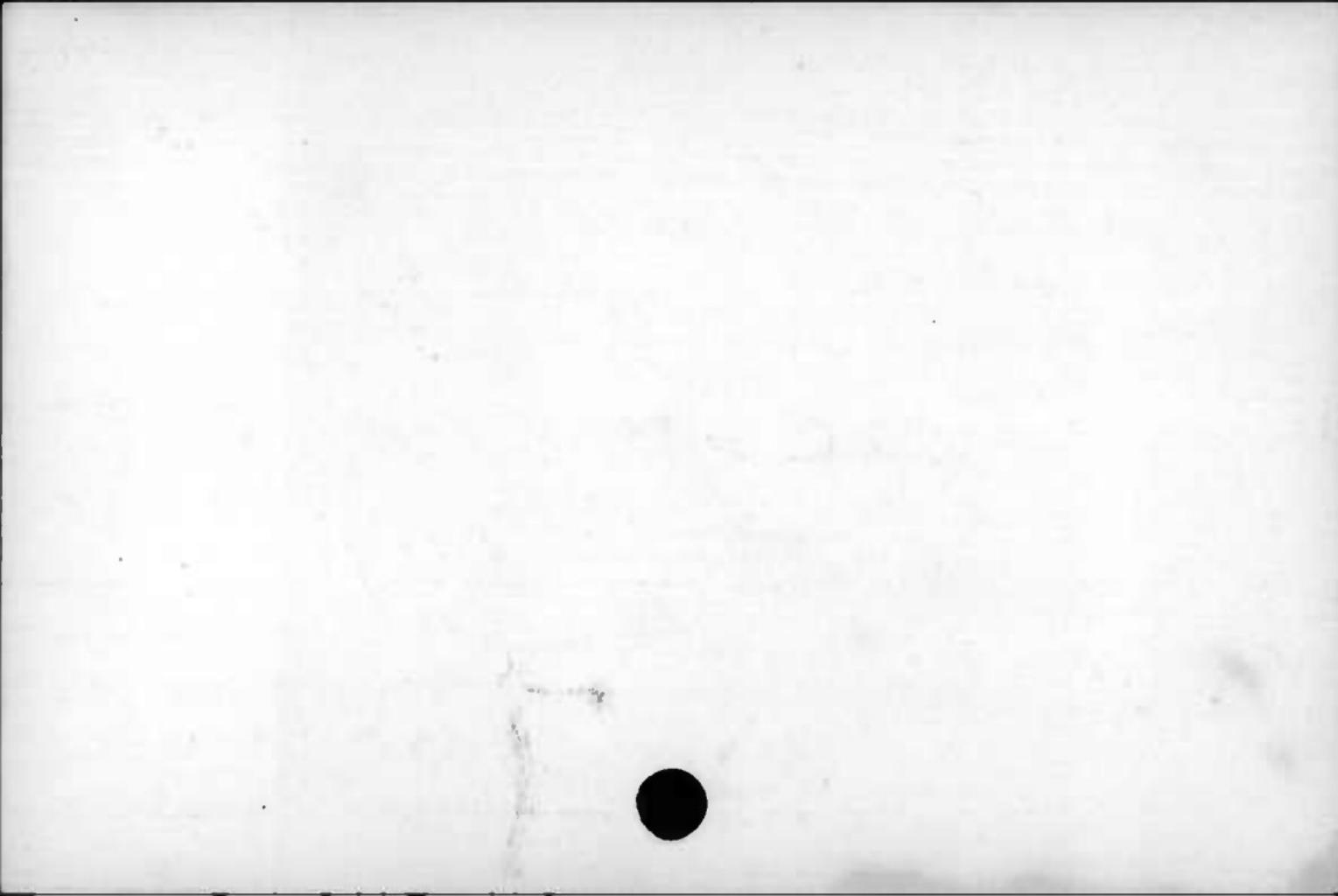
Yes

Signature of Physician

Address

L. A. Griffith.  
Upper Marlboro.

Accident or Suicide?



Name  
in  
Full

Sufant Queen

CERTIFICATE OF DEATH

To BE ANSWERED BY NEAREST FRIEND	Died at <u>Seat Pleasant</u> <sup>town</sup>	County <u>Bruce George</u>	MARYLAND		
	Date of death <u>1908</u>	Month <u>July</u>	Day <u>16</u>	Years	Months
Sex <u>male</u>	Color or Race <u>Black</u>	Age	Birth-place <u>Ned</u>		
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband	Father's Birthplace <u>Md</u>			
Father's Name <u>Louis Queen</u>	Mother's Birthplace <u>Mid</u>				
Mother's Maiden Name <u>Hattie Snowden</u>	How related to deceased <u>Father</u>				
Name of person giving information <u>Louis Queen</u>					

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Congenital weakness

How long

24 hrs

Immediate

Collapse

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Hattie Snowden

Glen Burnie

MD

Accident or Suicide?

neither



Name  
in  
Full

Charles Martin Saxon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	own	Princ <sup>County</sup>	County	lou	MARYLAND
Date of death	Month	Day	Years	Months	Days
1908	July	28	35-	4	-
Sex	male	Color or Race	white	Birth-place	Pa.
Occupation	clerk in P.O. dept.				
Married, Single or Widowed	married	Name of Wife or Husband	Kathleen K. Saxon		
Father's Name	S. J. Saxon				
Mother's Maiden Name	Harriet Martin				
Name of person giving information	Kathleen K. Saxon				
Kathleen					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Lymphoid Fever.

①

How long

about 4 weeks

Immediate Perforation

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Wellington  
1706-R. Ave

Accident or Suicide?

1908  
1909

Spencer Wm. D. Dayton

1872 - 1908

Spencer Wm. D. Dayton

Bracebridge  
County, Ont., Canada

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mildred Iola Schultz

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month July	Day 4	Years —	Months 3	Days —
Sex	female	Color or Race	white	Birth-place	P.G. Co. Md.	
Occupation	none	Where Residing if not at place of death			—	
Married, Single or Widowed	single	Name of Wife or Husband	—			
Father's Name	John St. Schultz	Father's Birthplace	Maryland			
Mother's Maiden Name	Ada D. Cytron	Mother's Birthplace	Maryland			
Name of person giving Information	J. St. Schultz	How related to deceased	father			

CAUSES OF DEATH

105

Primary cholera infantum

How long

10 dys-  
1 hour

Immediate asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

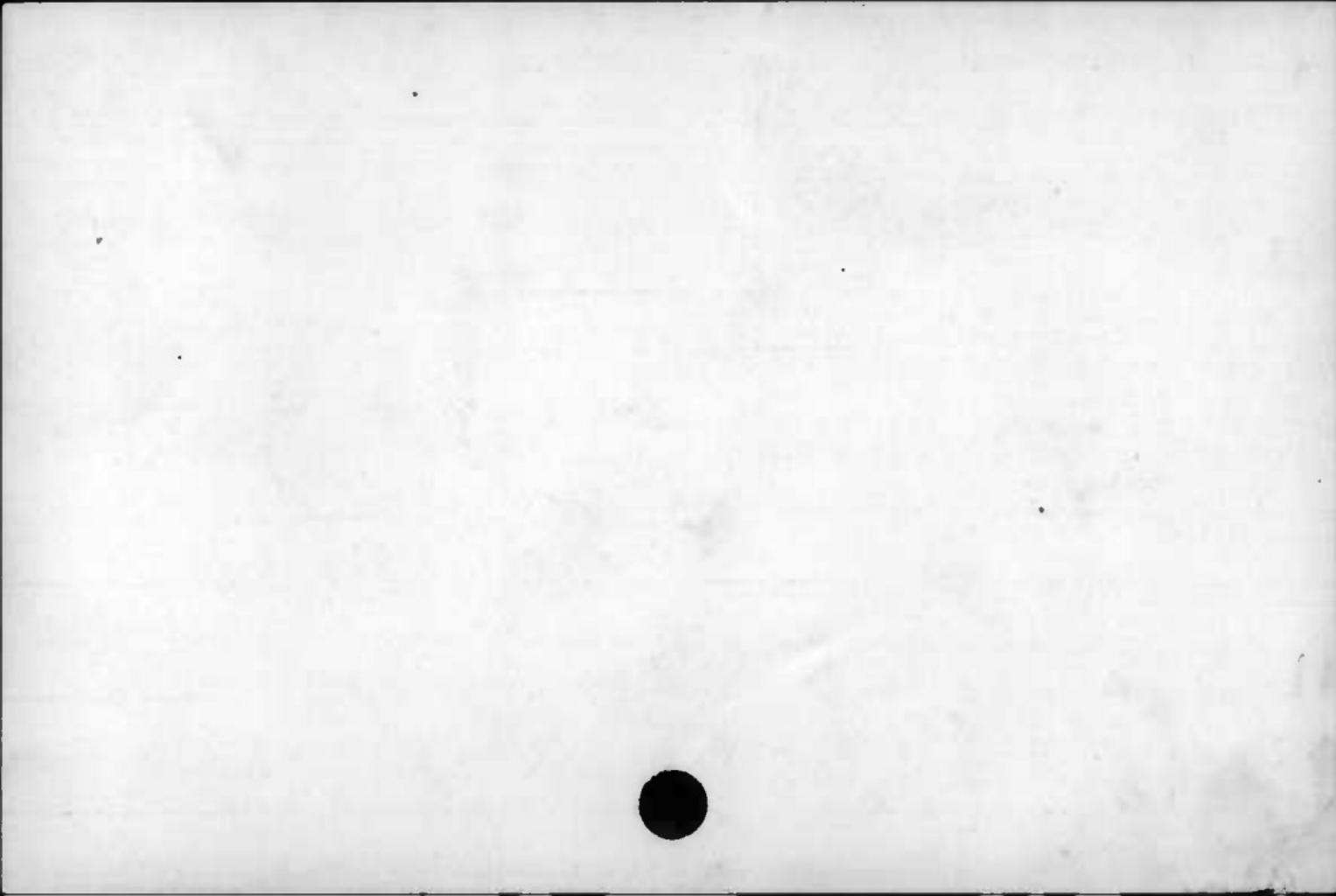
Signature of Physician

yes

Address

G M Brady  
Kenilworth pl. C

Accident or Suicide?



Name  
in  
Full

William E. Spriggs  
Marlboro.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	July	10	Age 6	3 -	P.E.C. Md
Sex	Male	Color or Race	Black		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Spriggs				
Mother's Maiden Name	West				
Name of person giving Information	William Spriggs				

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Bright's Disease -

How long

8 mos

Immediate

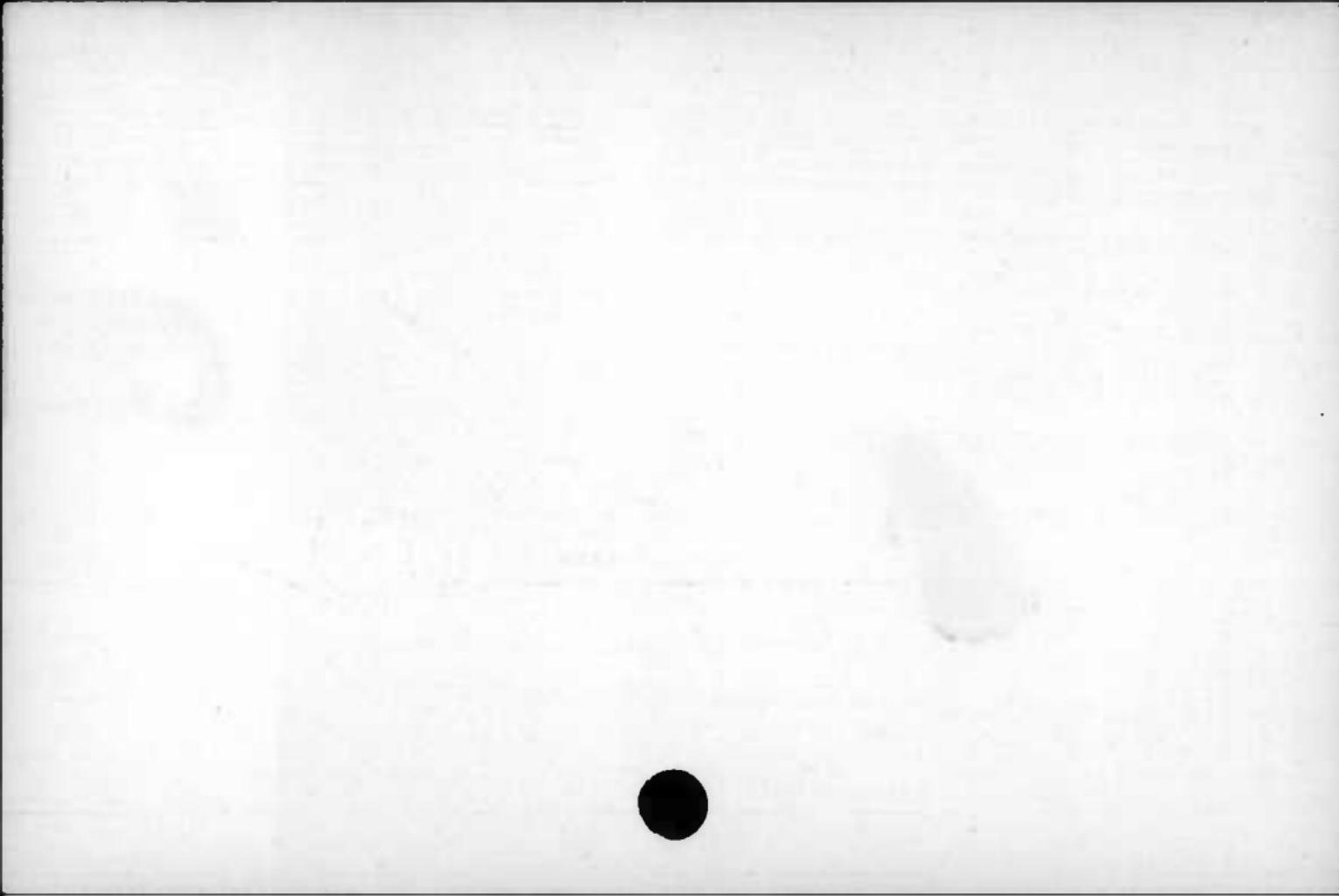
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. A. Griffeth,  
Upper Marlboro Md

Accident or Suicide?

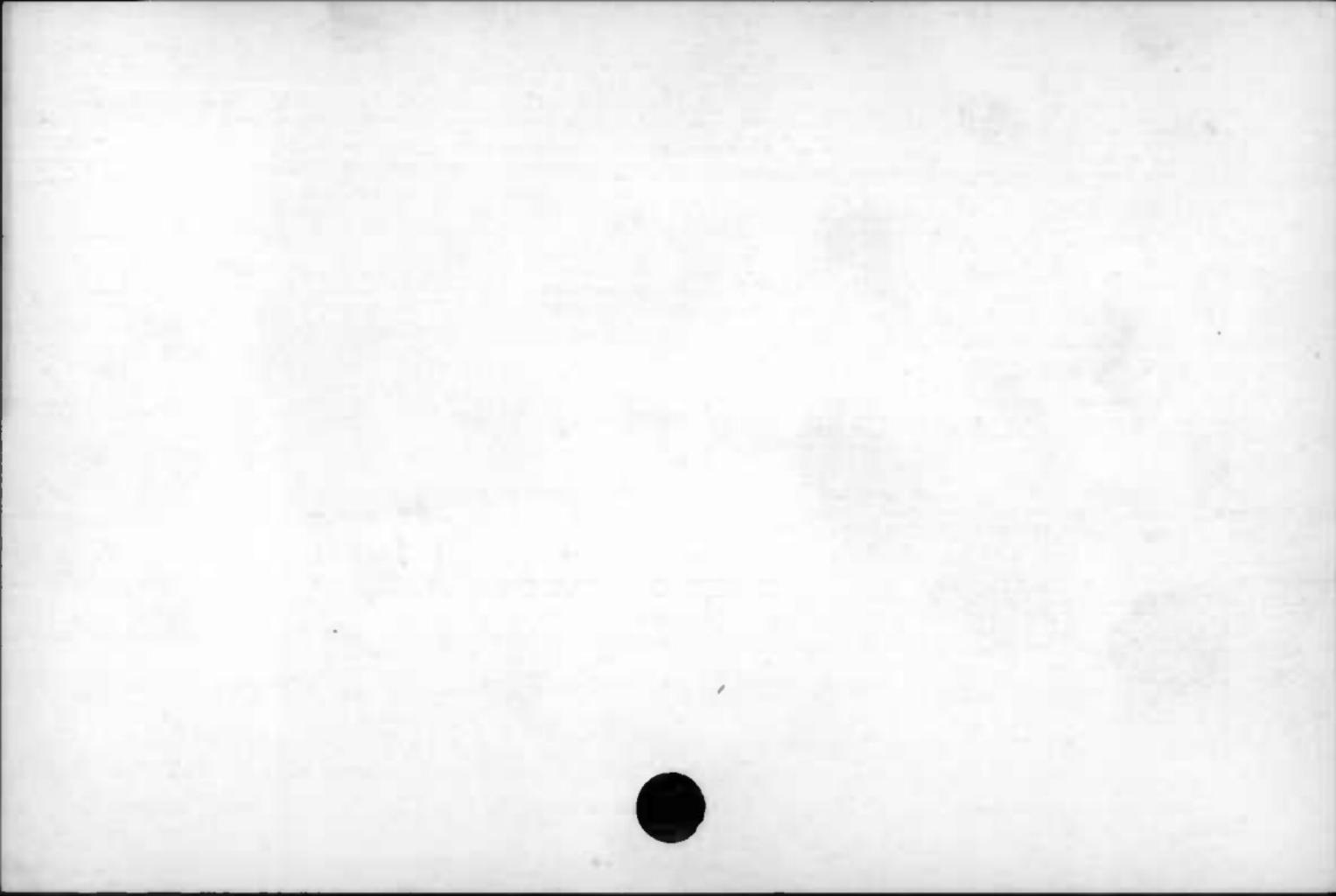


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at			County	MARYLAND	
Date of death	Town Month	Day	Age Years	Months	Days
1908	July	18	81		
Sex	Male	Color or Race	white	Birth- place	Maryland
Occupation	Farmer				
Married, Single Widowed	Where Residing if not at place of death				
Father's Name	John Stamp				
Mother's Maiden Name	Maryann				
Name of person giving Information	John Stamp				
CAUSES OF DEATH					
Primary	Senile debility				
Immediate	Asthma				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Jos. M. Parker MD		
			Address		
			Congress Heights		
			D.C.		
Accident or Suicide?					



Name  
in  
Full

Alice Standley

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town  
T.B.

County  
Baltimore

MARYLAND

Date  
of death

1909

Month  
7

19 Day

Age 81 Years

Months

Days

Sex

female

Color or  
Race

Colored

Birth-  
place

T.B. Md

Occupation

House work

Where Residing if not  
at place of death

Baltimore Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Wm Standley

Father's  
Name

Lloyd Johnson

Father's  
Birthplace

T.B. Md

Mother's  
Maiden Name

Silva Tuckett

Mother's  
Birthplace

Mer

Name of person giving  
Information

father will

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

Hour

6 months

Immediate

Aspirin

How long

Are the name, age, sex, color, date  
and place correctly given above?

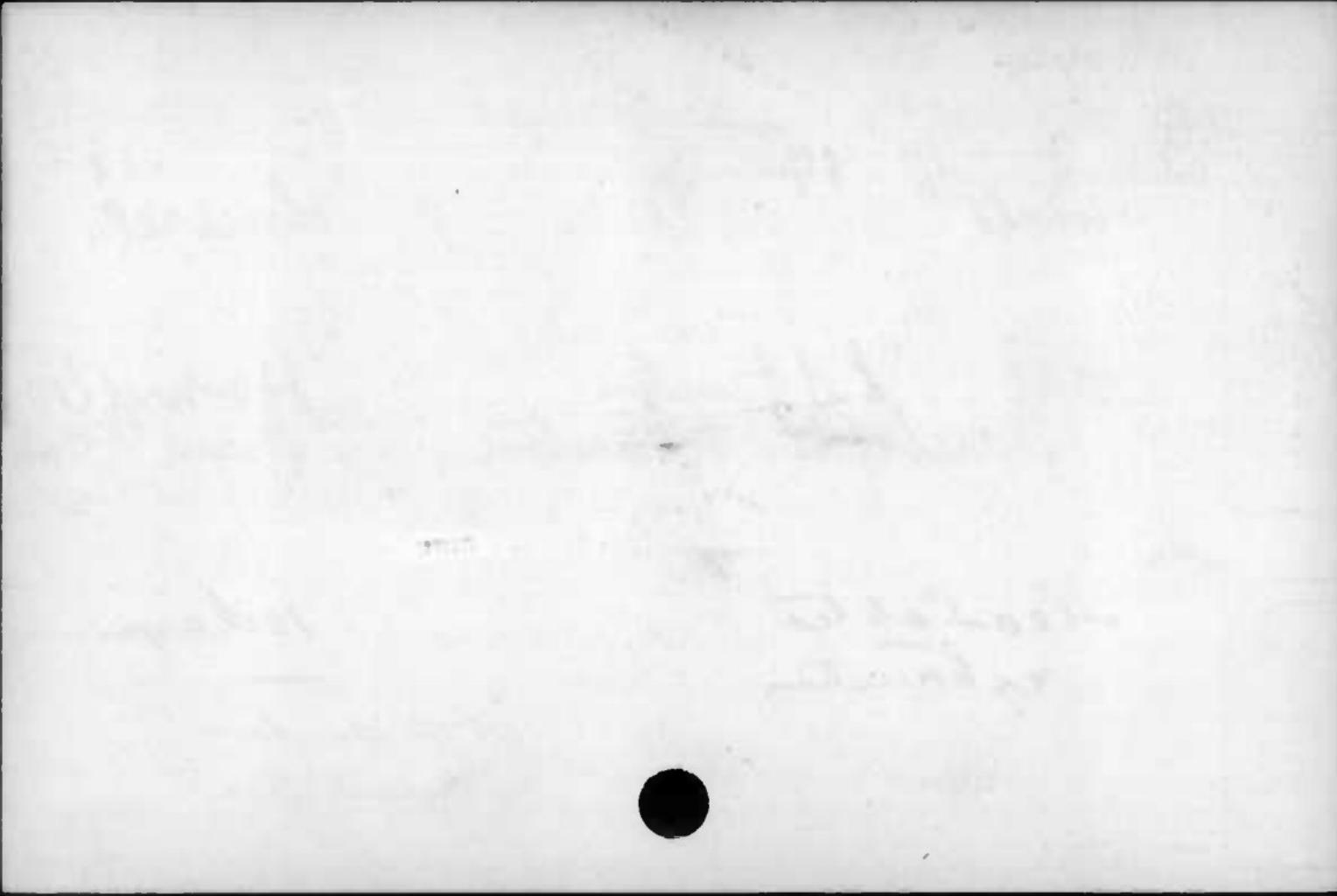
Yes

Signature of  
Physician,

Address

John A. Cox  
T.B.  
Md

Accident or Suicide?



Name  
in  
Full

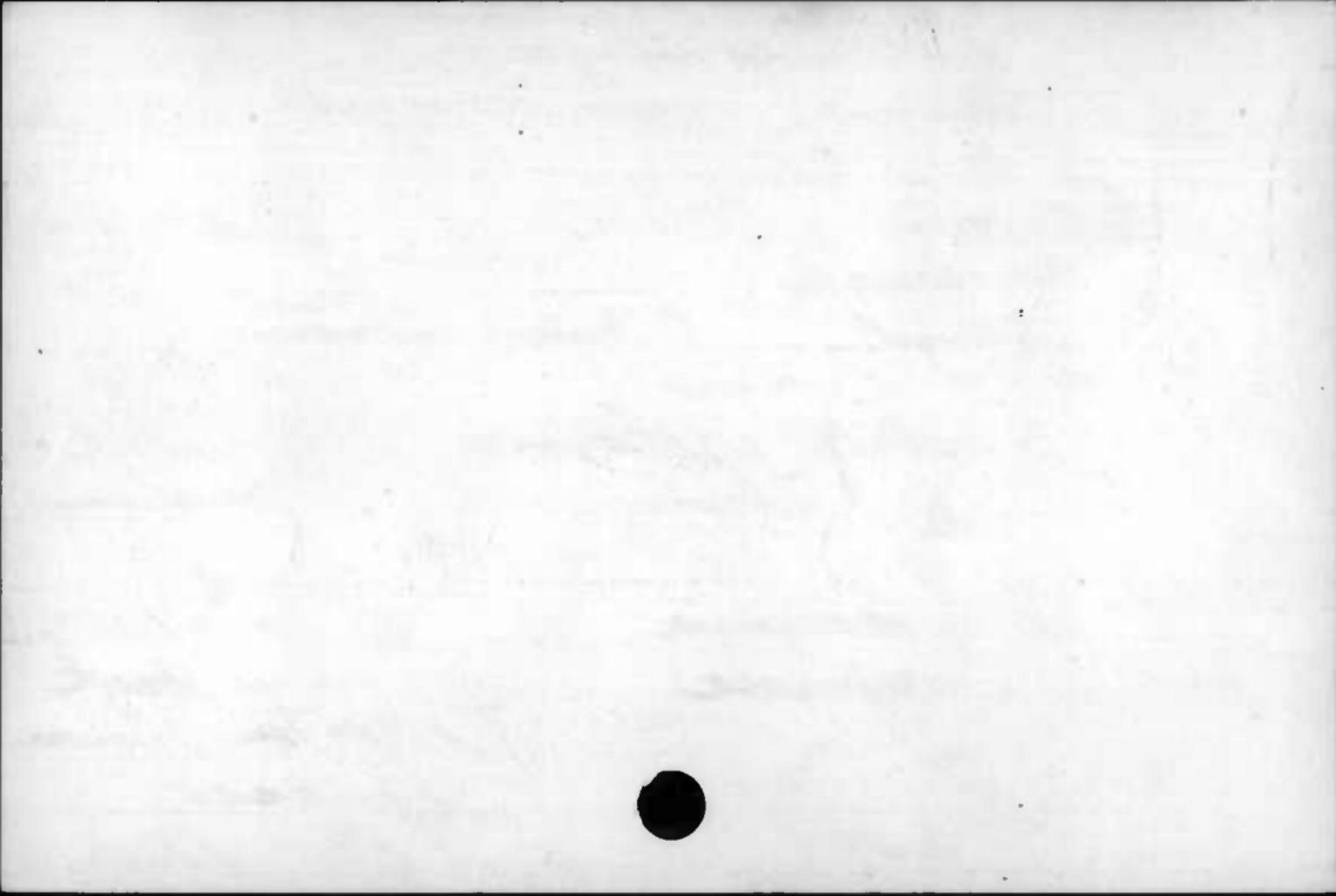
Francis Stanton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1908	July	19	5
Age	Color or Race	Birth-place	Days
Sex	Male	White	11
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Howard Co
Father's Name	Wallace S. Stanton	Mother's Birthplace	Prince George Co
Mother's Maiden Name	Isabel L. Stanton	How related to deceased	Father
Name of person giving information	Walter S. Stanton	How long	10 days
CAUSES OF DEATH			
Primary	Hemo-Coballos		
Immediate	exhaustion		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		W.F. Taylor Laurel Md	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

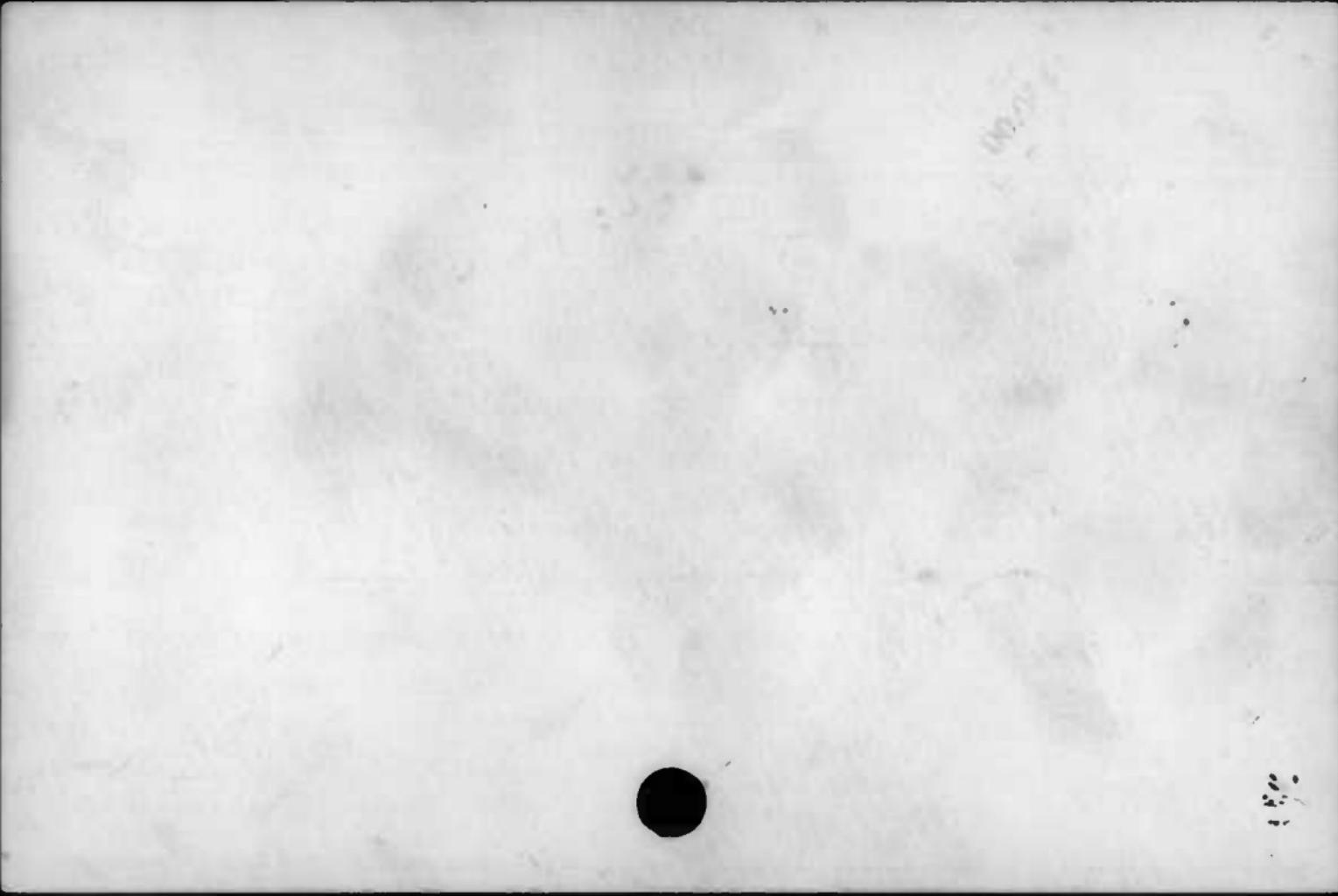
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	22
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	J. Hunt Strong	
Father's Name	H. P. Morton	Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Adams	Mother's Birthplace	Md
Name of person giving Information	J. H. Strong	How related to deceased	Husband

CAUSES OF DEATH

137

How long

Primary	Septicemia Puerperal		
Immediate	Dyspnea		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		H. Morton Strong	
Accident or Suicide?	Aquaasco Md		

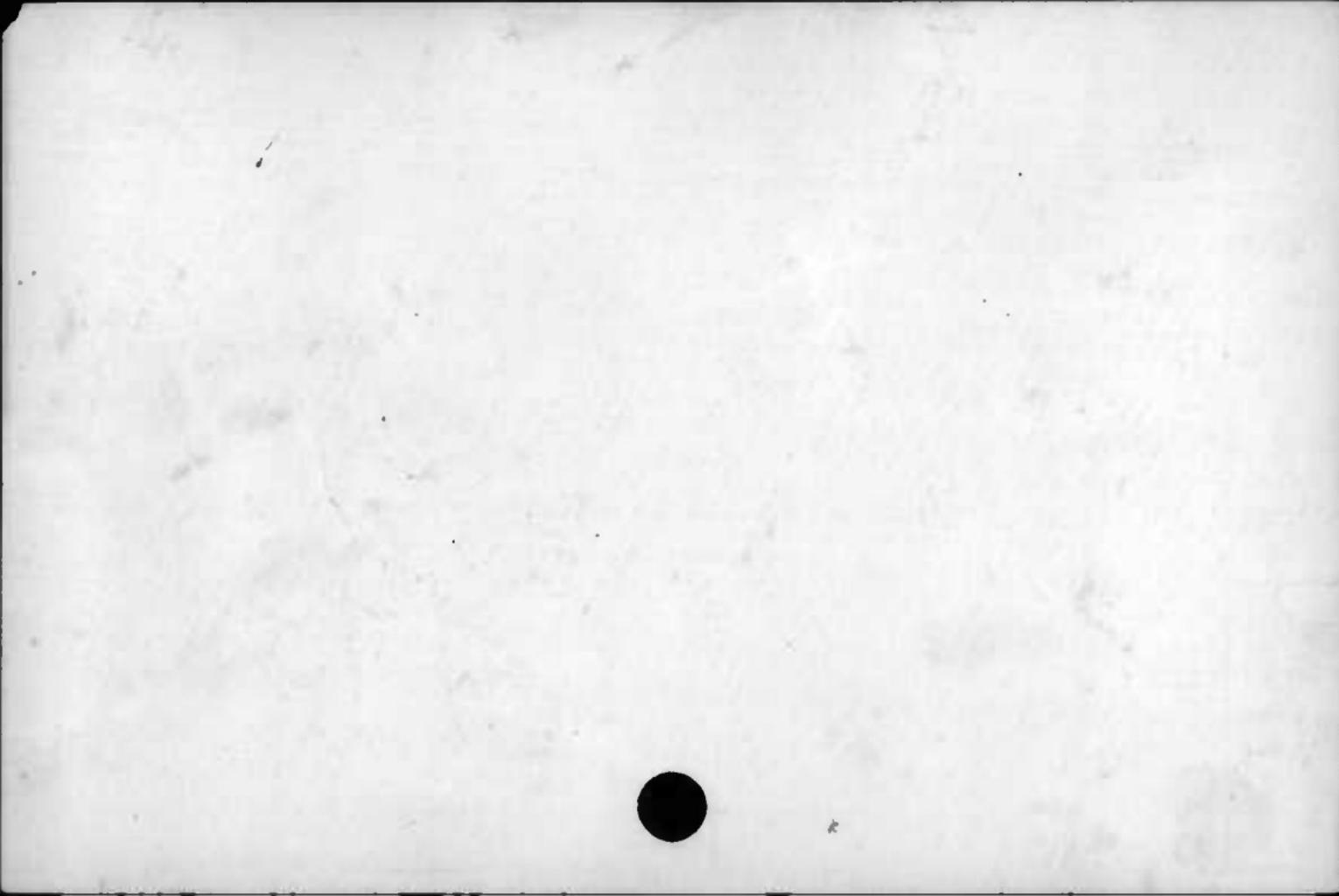


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs. E Tayman					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
1908	July	21	81	2	2		
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer		Where Residing if not at place of death	—			
Married, Single or Widowed	Widow	Name of Wife or Husband	Margaret Tayman	Father's Birthplace	Md		
Father's Name	John Tayman			Mother's Birthplace	Johnson		
Mother's Maiden Name	Unknown			How related to deceased	Nephew		
Name of person giving information	J. Burns Wilson						
CAUSES OF DEATH							
Primary	Chronic Nephritis						
Immediate	Traumatic Coma						
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	H. Morton Brown		
				Address	Aquia Creek Md		
Accident or Suicide?			No				

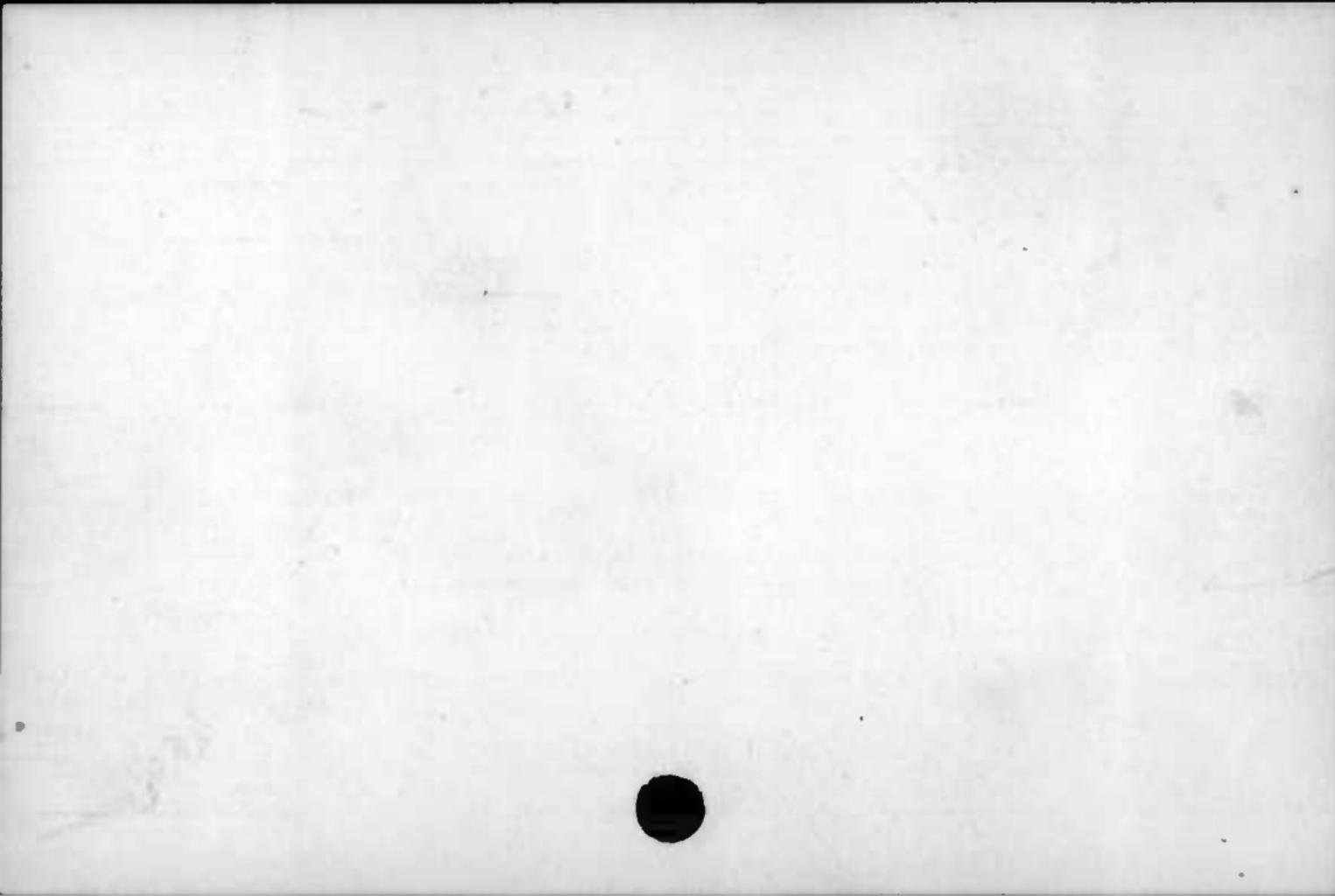


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at <u>Sullivan</u>			County <u>George</u>		
Date of death <u>1908</u>		Month <u>July</u>	Day <u>4</u>	Years <u>66</u>	Months <u></u> Days <u></u>
Sex <u>M</u>	Occupation <u>Farmer</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>unknown</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>unknown</u>		Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>	Mother's Name <u>unknown</u>
Mother's Maiden Name <u>unknown</u>	Name of person giving information <u>Miss Tremmel</u>		Mother's Birthplace <u>unknown</u>	How related to deceased <u>daughter</u>	How long <u>24 hrs.</u>
CAUSES OF DEATH					
Primary <u>Cirrhosis of liver</u>	How long <u>1 yr.</u>				
Immediate <u>Asphyxia</u>	How long <u></u>				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. S. Samsbury</u>				
Address <u>Foxcroft Rd., Md.</u>					
Accident or Suicide? <u>neither</u>					



Name  
in  
Full

Marie Tillman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County				
Barnaby	Prince George.			MARYLAND	
Date of death 1908	Month July	Day 24	Years Age 1	Months 5	Days —
Sex Female	Color or Race Black	Birth- place Maryland			
Occupation Child	Where Residing if not at place of death —				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Wm. Tillman	Father's Birthplace Maryland				
Mother's Maiden Name Maggie Hall	Mother's Birthplace Maryland				
Name of person giving Information Wm. Tillman	How related to deceased Father				

CAUSES OF DEATH

Primary  
Pneumonia

93

2 weeks

Immediate  
Convulsions

How long  
1 day

Are the name, age, sex, color, date  
and place correctly given above?

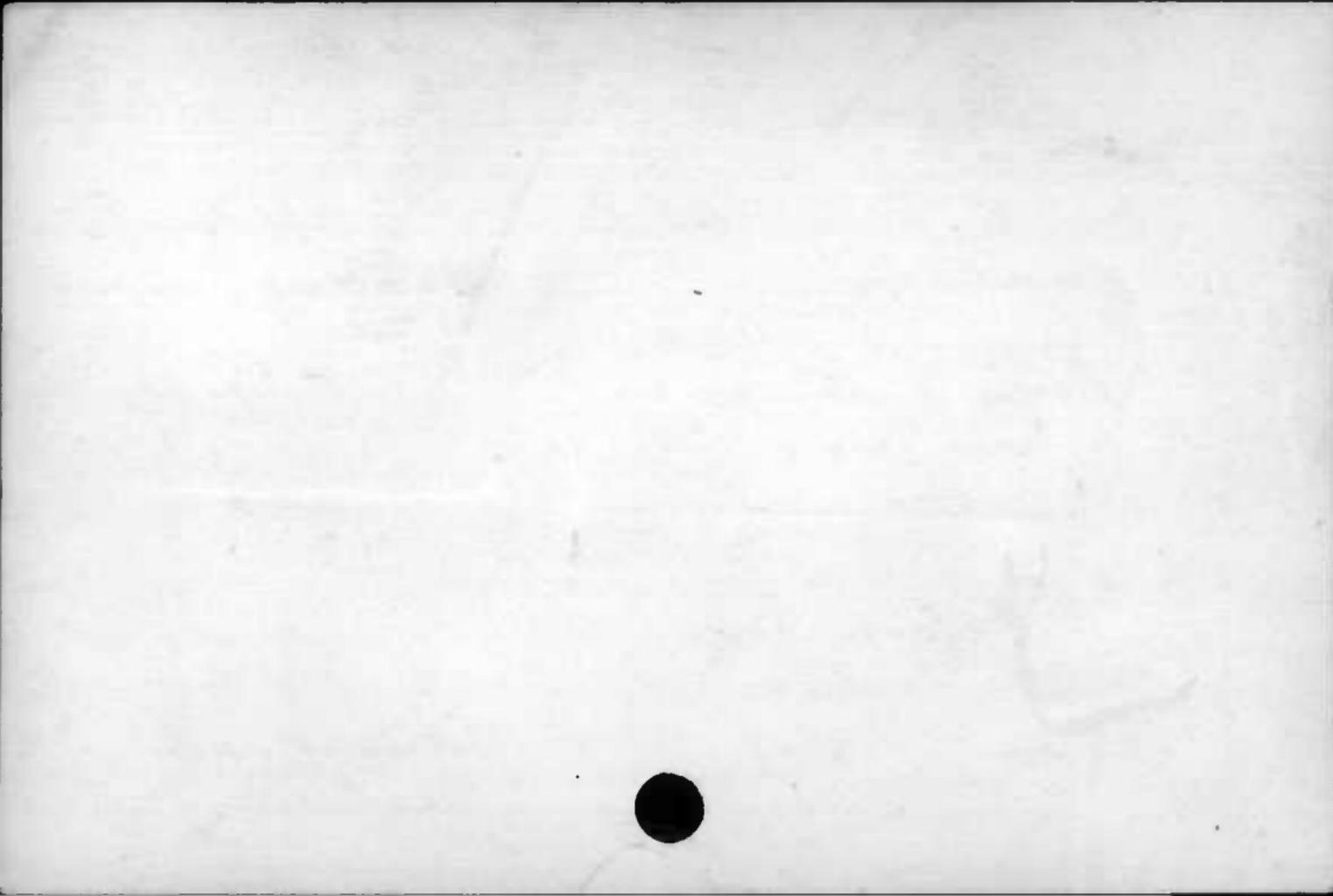
yes

Signature of  
Physician

Address

J. M. Parker M.D.  
Congress Heights, D.C.

Accident or Suicide?



Name  
in  
Full

Emma A Tydings

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

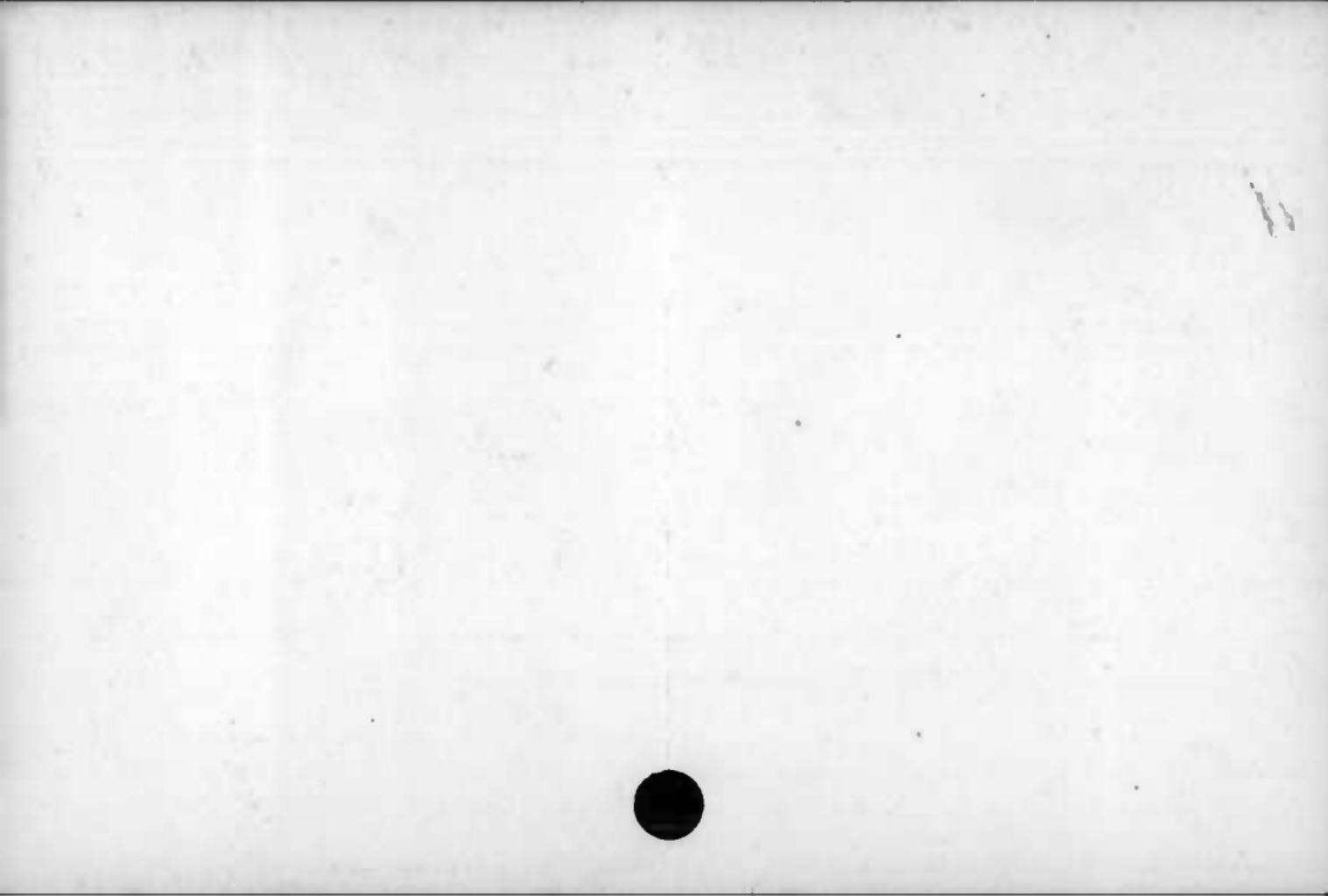
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Ann Arundel Co
Occupation	Housekeeper			Where Residing if not at place of death	Prince George Co
Married, Single <del>or Widowed</del>				Name of Wife or Husband	
Father's Name	Roger Tydings			Father's Birthplace	Ann Arundel Co
Mother's Maiden Name	Mary Ann			Mother's Birthplace	" "
Name of person giving information	James Robison			How related to deceased	nephew

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Cholera Morbus			How long	3 1/2 days
Immediate	Collapse				1 day
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	John Peabody	
Yes			Address	Mitchellsdale bed	
Accident or Suicide?					



Robert Tyler

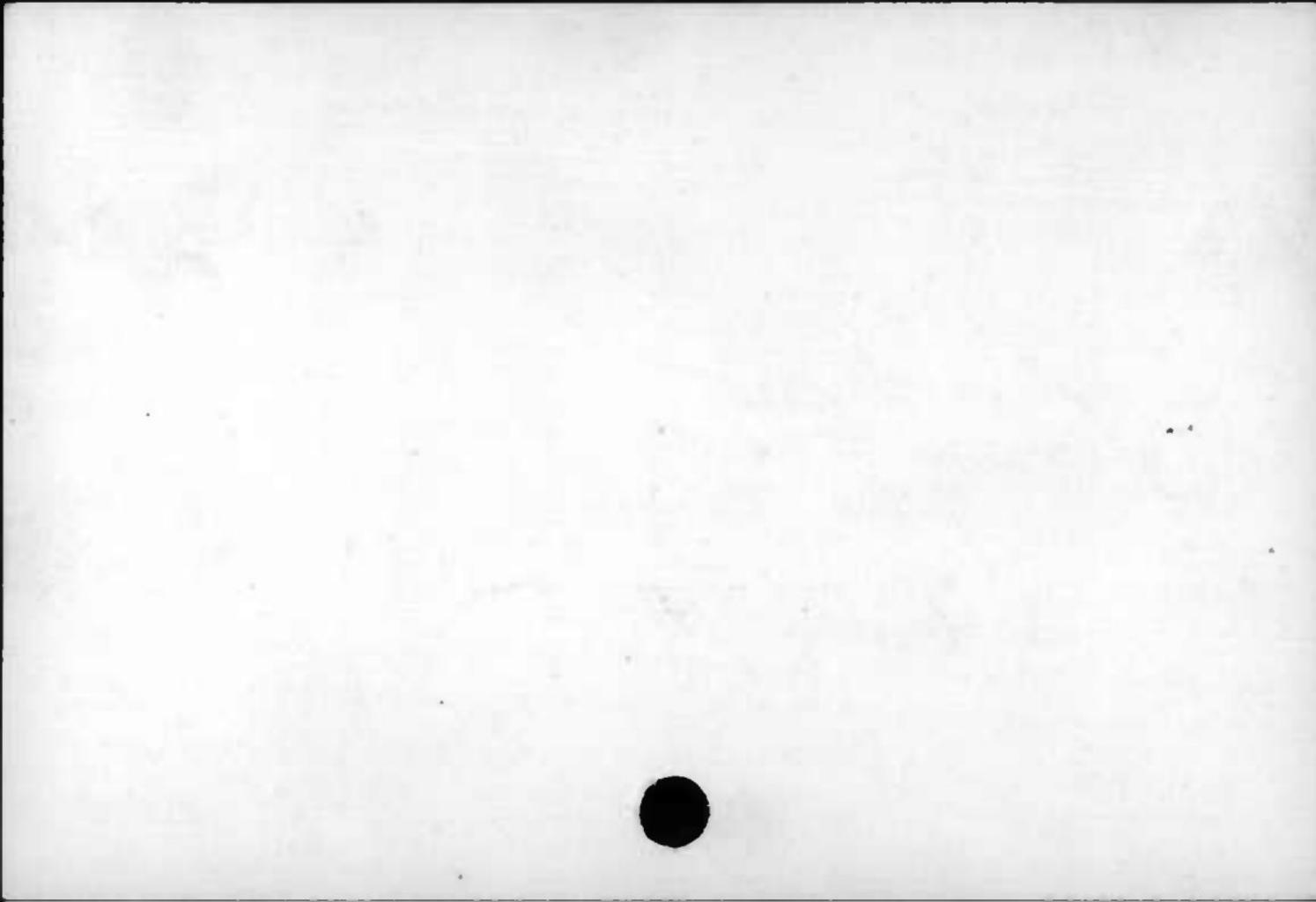
## CERTIFICATE OF DEATH

Died at <b>Seat Pleasant</b>			<b>P.G.</b>	County	<b>MARYLAND</b>	
Date of death <b>1908</b>	Month <b>July</b>	Day <b>8</b>	Age <b>4</b>	Years <b>4</b>	Months	Days
Sex <b>Male</b>	Color or Race <b>Black</b>			Birth-place <b>md</b>		
Occupation <b>none</b>	Where Residing if not at place of death					
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband					
Father's Name <b>Johnnie Tyler</b>	Father's Birthplace <b>md</b>					
Mother's Maiden Name <b>Mary Brown</b>	Mother's Birthplace <b>md</b>					
Name of person giving information <b>Emily Tyler</b>	How related to deceased <b>Grandmother</b>					

## CAUSES OF DEATH

8

Primary <b>Whooping Cough.</b>	How long <b>2 weeks</b>
Immediate <b>No Known</b>	How long <b>Sudden</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>John E. Saundby</b>
Address <b>Gorskille</b>	
Accident or Suicide? <b>None</b>	md



Name  
in  
Full

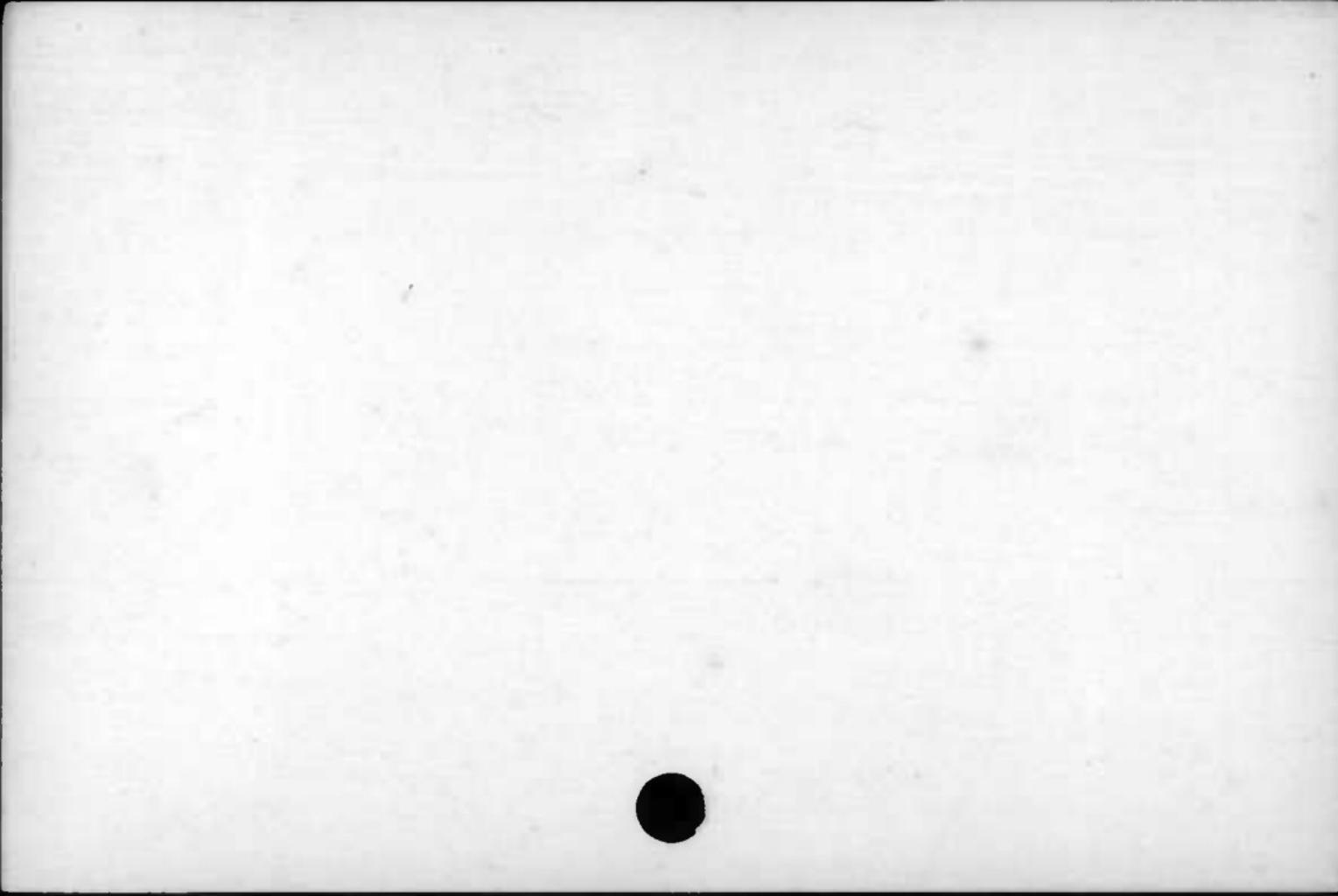
No Name Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Croom	Town	Court	Prince George	
Date of death	1908	Month July	Day 17	Years	Months
Sex	female	Color or Race	colored	Birth-place	Days 4
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Garner				
Mother's Maiden Name	Lucy Ford				
Name of person giving information	John Garner				
CAUSES OF DEATH					
Primary	Weakness				
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
yes		Ernest W. Garner		Act' Coroner	
Accident or Suicide?		no		Northkeys, Md.	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lettie Warrick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	New Glazt	Town	County	MARYLAND	
Date of death	1908	Month July	Day 20	Years 2	Months 4 Days -
Sex	Female	Color or Race	Black	Birth-place	m-d
Occupation	Child	Where Residing if not at place of death			

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Thomas Warrick ✓ mod

Mother's Maiden Name Lettie Wiby ✓ m-d

Name of person giving information Thomas Warrick Father

CAUSES OF DEATH

61

Primary Meningitis

How long 2 weeks

Immediate Convulsions

How long 1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

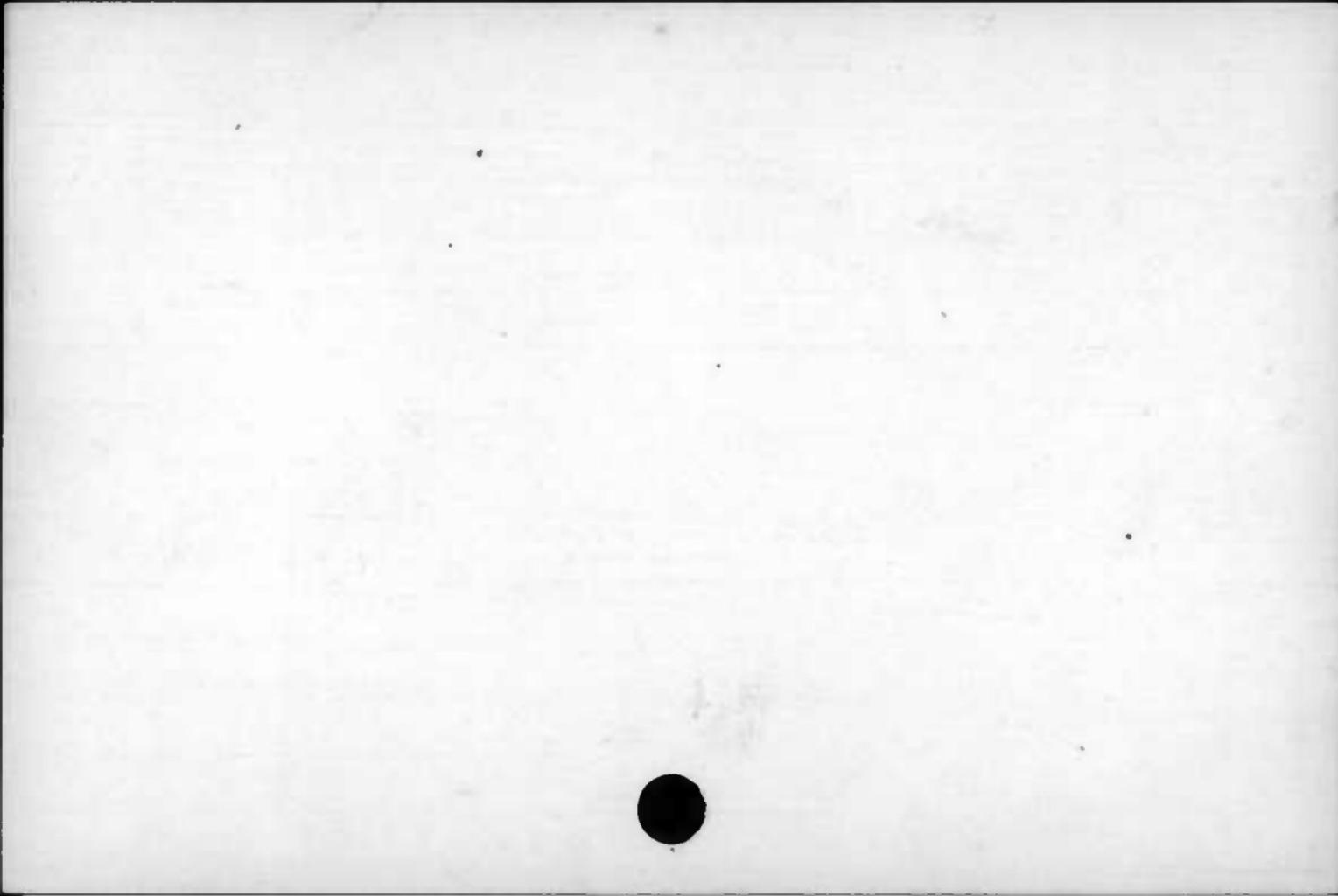
J. M. Parker MD.

Address

Congress Heights, DC

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Martie E. Walts  
Silver & Co. By Inc.

CERTIFICATE OF DEATH

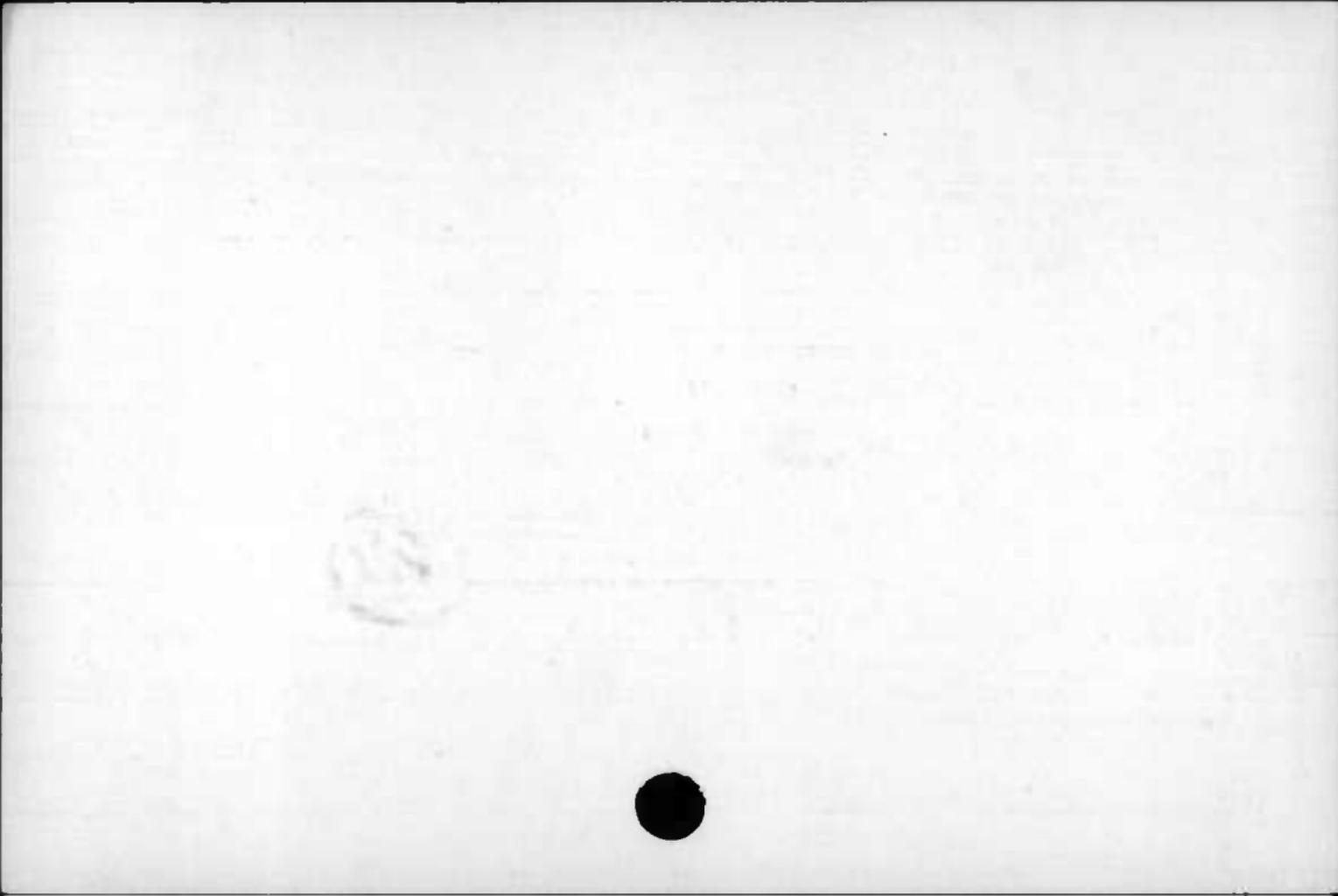
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Walts			Father's Birthplace	Mc.
Mother's Maiden Name	Sarah A. Butler			Mother's Birthplace	Mc.
Name of person giving information	William Walts			How related to deceased	Father

CAUSES OF DEATH

105

Primary	acute Gastro-Enteritis 4 days	
Immediate	Collapse	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	E. D. Simpson for Dr. Sarsbury Trustville MD	



Name  
in  
Full

Mrs. Elizabeth Whitehead

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 7	Day 10	Years 31	Months 7	Days 13
Sex Female	Color or Race white	Birth-place Pt. Geo. Co.			
Occupation Housewife	Where Residing if not at place of death Laurel, Md.				
Married, Single or Widowed Married	Name of Wife or Husband Chas. E. Whitehead.				
Father's Name Jas Gallagher.	Father's Birthplace Ireland.				
Mother's Maiden Name Elizabeth Turner	Mother's Birthplace				
Name of person giving information Chas. Whitehead.	How related to deceased Husband.				

CAUSES OF DEATH

27

How long

3 Weeks

How long

3 months

PHYSICIAN  
OR CORONER

Primary

Grippe.

Immediate

Pulmonary Tuberculosis

Signature of Physician

Address

John Gonneller

Laurel Md

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?



Name  
in  
Full

Marie Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Fairview Farm	Prince George		Months	Days	
Date of death	Month	Year	1	13	
1908	July	6			
Age	6	Years			
Sex	Female	Race			
Occupation	School	Negress	Birth-place	near Collington, Md.	
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Husband	Ernest Williams		
Father's Name	Basil Wood	Father's Birthplace	Marcollington, Md.		
Mother's Maiden Name	Elizabeth Thomas	Mother's Birthplace	"	"	"
Name of person giving Information	H.B. Addison	How related to deceased			

CAUSES OF DEATH

27

How long

End of Month

How long

PHYSICIAN  
OR CORONER

Primary

Rheumatic Pneumonia

Immediate

Inflammation

Are the name, age, sex, color, date  
and place correctly given above?

Yes

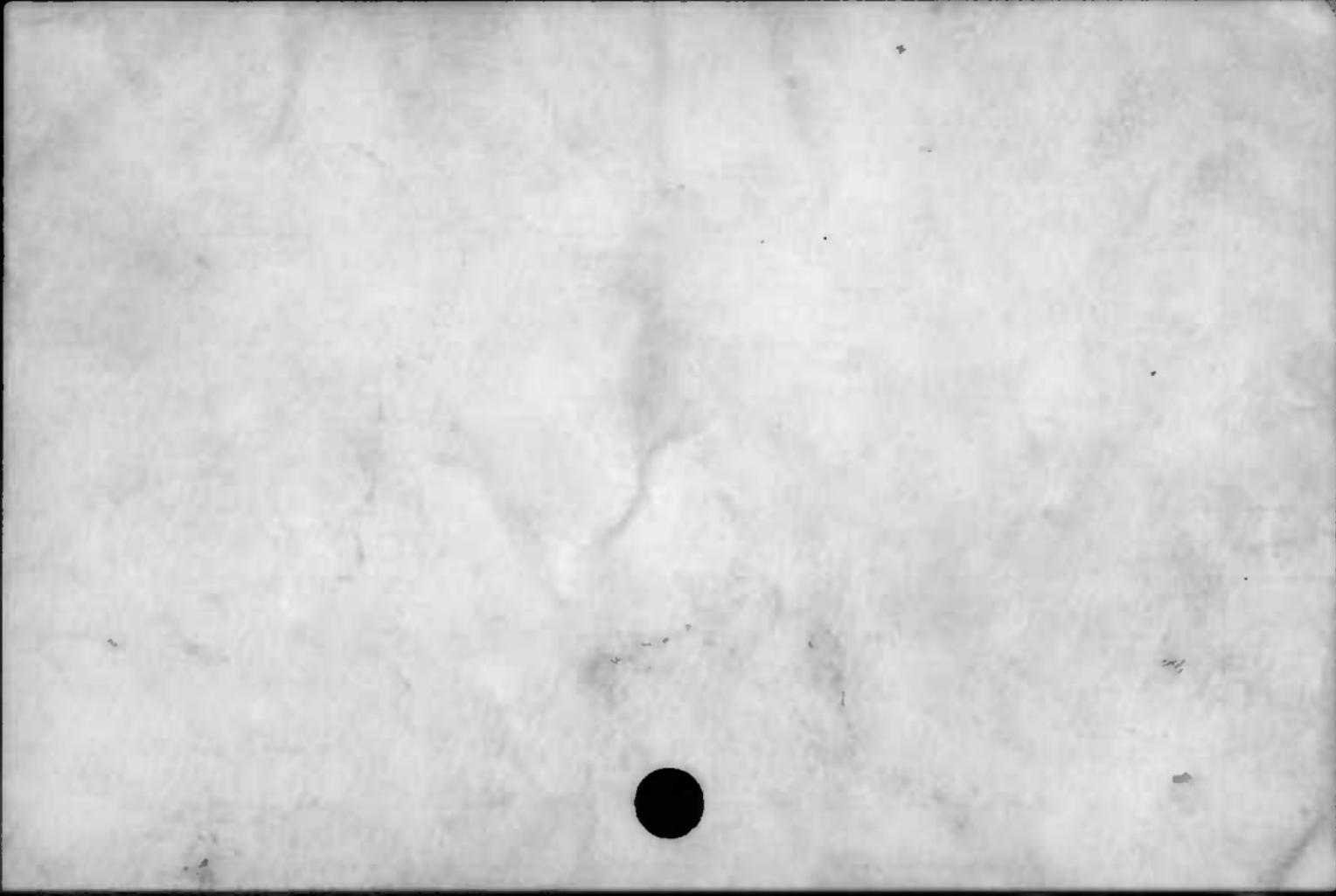
Signature of  
Physician

Address

W.M. Darrell M.D.  
Springfield Md.

Accident or Suicide?

No



Name  
in  
Full

Julia Ann Hudson

CERTIFICATE OF DEATH

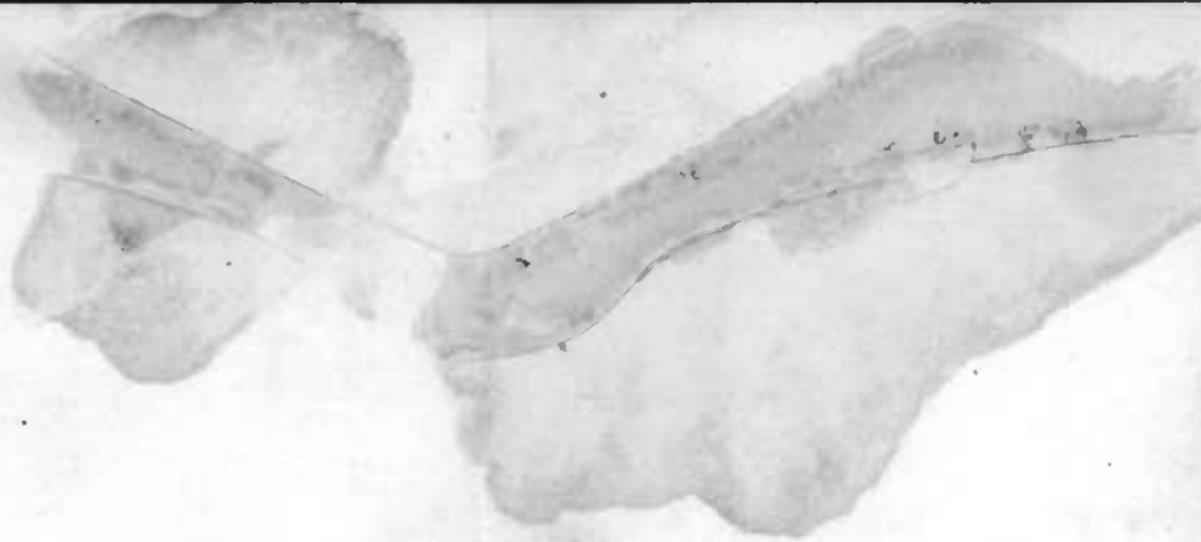
To BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Baltimore		County Prince George	MARYLAND		
Date of death 1908	Month July	Day 19	Years Age 72	Months —	Days —	
Sex Female	Color or Race	White		Birth- place	Md	
Occupation none	Where Residing if not at place of death					
Married, Single or Widowed widow	Name of Husband	William H Hudson				
Father's Name Unknown				Father's Birthplace	Md	
Mother's Maiden Name Unknown				Mother's Birthplace	" "	
Name of person giving Information George W Hudson				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Valvular Heart Trouble	79	How long No yrs
Immediate Collapse		How long Indefinite
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician	John E. Sawley
	Address	(Forestville Md.)
Accident or Suicide? no		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Fay Woods  
Town Sawyer.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	P. Geo.	County		
Date of death	Month	Day	Years	Months	Days
1908	July	22	83	10	
Sex	Color or Race	Where Residing if not at place of death		Birth-place	
Female	Colono			Md.	
Occupation	None				
Married, Single or Widowed	Name of Wife or Husband	John Wood			
Father's Name	York Shipler			Father's Birthplace	Bud
Mother's Maiden Name	My known			Mother's Birthplace	Lad
Name of person giving information	Grace Wood			How related to deceased	daughter

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary General debility

How long

10 years.

Immediate Heart failure

How long

few hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

R. C. Hayley  
Sawyer.  
Md.

Fisher + Phair  
int Laurel

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

- Yates, infant.  
near 713.

Died at		Town	County		MARYLAND	
Date of death	1908	Month 7	Day 23	Age	Months	Days 6
Sex	male	Color or Race	Colored		Birth-place	SBMd
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Ches Co Md		
Father's Name	Albert Yates.		Mother's Birthplace	" " "		
Mother's Maiden Name	Effie Marshall.		How related to deceased	father.		
Name of person giving Information	Albert Yates.		How long	151		
CAUSES OF DEATH						

PHYSICIAN  
OR CORONER

Primary

weak at birth.

Immediate

Continuous Coughing, Exhaustion,

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Acting Coroner, Wm H. Squires

Address

Brandywine Br. Geo Co Md

Accident or Suicide?

Yes

